www.ijip.in | ISSN: 2348-5396 (e) | ISSN: 2349-3429 (P)

Volume: 4, Issue: 2, January-March, 2017

DIP: 18.01 | IF. 6.9 (ICI) | No. 96

The International Journal of INDIAN PSYCHOLOGY



Person of the Month
Carl R. Rogers (1902-1987)

Editor in Chief:
Prof. Suresh M. Makvana, PhD
Editor:
Ankit P. Patel

Scan this code in your smart phone and Submit Your Paper

ISSN 2348-5396

9 772348 539009

The International Journal of
INDIAN PSYCHOLOGY

Volume 4
Issue 2, No. 96
January – March 2017

Chief Editor
Prof. Suresh M. Makvana, PhD
Editor
Ankit P. Patel

THE INTERNATIONAL JOURNAL OF INDIAN PSYCHOLOGY

This Issue (Volume 4, Issue 2, No. 96) Published, March, 2017
-- -- -- -- -- -- -- -- -- -- -- -- --
Headquarters;
REDSHINE Publication, 88, Patel Street, Navamuvada, Lunawada, Gujarat, India, 389230
Author Helpline: +91 76988 26988

Copyright © 2017, IJIP

No part of this publication may be reproduced, transcribed, stored in a retrieval system, or translated into any language or computer language, in any form or by any means, electronic, mechanical, magnetic, optical, chemical, manual, or otherwise, without the prior written permission of RED'SHINE Publication except under the terms of a RED'SHINE Publishing Press license agreement.

-- -- -- -- -- -- -- --

ISSN (Online) 2348-5396
ISSN (Print) 2349-3429
ZDB: 2775190-9
IDN: 1052425984
CODEN: IJIPD3
OCLC: 882110133
WorldCat Accession: (DE-600) ZDB2775190-9
ROAR ID: 9235
Impact Factor: 6.9 (2015) from the ICI
ISBN: 978-1-365-84232-0 (eBook)
-- -- -- -- -- -- -- --

Price: 500 INR/- | $ 8.00 USD
2017 Edition

Website: www.ijip.in
Email: info.ijip@gmail.com

Please submit your work's abstract or introduction to (info.ijip@gmail.com | www.ijip.in)

IJIP's all content automatic indexed to Google Scholar, Google Book Programs.

The Editorial Board is comprised of nationally recognized scholars and researchers in the fields of Psychology, Education, Social Sciences, Home Sciences and related areas. The Board provides guidance and direction to ensure the integrity of this academic peer-reviewed journal.

Editor-in-Chief :

Prof. Suresh M. Makvana, Ph.D
Professor and Head, Dept. of Psychology, Sardar Patel University. Vallabh Vidhyanagar, Gujarat,
Chairman, Board of Study, Sardar Patel University, Gujarat State,
Chief Editor: International Journal of Social Impact,
INDIA

Editor :

Mr. Ankit Patel,
Clinical Psychology
Author of 20 Psychological Books (National and International Best Seller)
INDIA

Editorial Advisors :

Dr. D. J. Bhatt, Ph.D
ex. Head, Professor, Dept. of Psychology, Saurashtra University, Rajkot, Gujarat
INDIA

Dr. Tarni Jee, Ph.D
President, Indian Psychological Association (IPA)
Professor, Dept. of Psychology, University of Patana, Patana, Bihar,
INDIA

Prof. M. V. R Raju, Ph.D
Head & Prof, Dept. of Psychology, Andhra University, Visakhapatnam
INDIA

Dr. John Michel Raj. S, Ph.D
Dean, Professor, Dept. of Social Science, Bharathiar University, Coimbatore, Tamilnadu,
INDIA

Prof. C.R. Mukundan, Ph.D, D. M. & S. P
Professor Emeritus / Director, Institute of Behavioural Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat.
Author of 'Brain at Work'
INDIA

Dr. Panchajanya Paul, (MD , ABPN , ABIHM, FAPA)
American Board Certified Child, Adolescent and Adult Psychiatrist
Diplomate, American Board of Psychiatry & Neurology
Diplomate, American Board of Integrative and Holistic Medicine (ABIHM)
Fellow of American Psychiatric Association (FAPA)
UNITED STATES

Co-Editor(s):

Dr. Samir J. Patel, Ph.D
Ex. Professor, Dept. of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat,
INDIA

Dr. Savita Vaghela, Ph.D
Head, Dept. of Psychology, M. K. Bhavanagar University, Bhavnagar, Gujarat,
INDIA

Dr. Sangita Pathak, Ph.D
Associate Professor, Dept. of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat
INDIA

Dr. Ashvin B. Jansari, Ph.D
Dept. of Psychology, Gujarat University, Ahmadabad, Gujarat,
INDIA

Prof. Akbar Husain (D. Litt.), Ph.D
Coordinator, UGC-SAP (DRS - I) Department of Psychology, Aligarh Muslim University, Aligarh
INDIA

Associate Editor(s):

Dr. Amrita Panda, Ph.D
Rehabilitation Psychologist, Project Fellow, Centre for the Study of Developmental Disability, Department of Psychology, University of Calcutta, Kolkata
INDIA

Dr. Pankaj Suvera, Ph.D
Assistant Professor. Department of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat,
INDIA

Dr. Raju. S, Ph.D
Associate Professor , Dept. of Psychology, University of Kerala, Kerala,
INDIA

Dr. Ravindra Kumar, Ph.D
Assistant Professor, Dept. of Psychology, Mewar University, Chittorgarh, Rajasthan,
INDIA

Dr. Shashi Kala Singh, Ph.D
Associate Professor, Dept. of Psychology, Rachi University, Jharknand
INDIA

Dr. Subhas Sharma, Ph.D
Associate Professor, Dept. of Psychology, Bhavnagar University, Gujarat
INDIA

Dr. Yogesh Jogasan, Ph.D
Associate Professor, Dept. of Psychology, Saurashtra University, Rajkot, Gujarat,
INDIA

Editorial Assistant(s):

Dr. Karsan Chothani, Ph.D
Associate Professor, Dept. of Psychology, C. U. Shah College, Ahmadabad, Gujarat,
INDIA

Dr. R. B. Rabari, Ph.D
Head, Associate Professor, SPT Arts and Science College, Godhra, Gujarat,
INDIA

Dr. Milan P. Patel, Ph.D
Physical Instructor, College of Veterinary Science and A.H., Navsari Agricultural University, Navsari, Gujarat, INDIA

Dr. Priyanka Kacker, Ph.D
Assistant Professor, Neuropsychology and Forensic Psychology at the Institute of Behavioral Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat.
INDIA

Dr. Ajay K. Chaudhary, Ph.D
Senior Lecturer, Department of Psychology, Government Meera Girls College, Udaipur (Raj.)
INDIA

Prof. Asoke Kumar Saha, Ph.D
Chairman & Professor, Dept. of Psychology, Jagannath University, Dhaka
Editor-in-Chief, Jagannath University Journal of Psychology
Ex-Proctor, Jagannath University, Ex-Doctoral Fellow, ICSSR, India
BANGLADESH

Dr. Shailesh Raval, Ph.D
Associate Professor, Smt. Sadguna C. U. Arts College for Girls. Lal Darwaja, Ahmedabad, Gujarat.
INDIA

Dr. Thiyam Kiran Singh, Ph.D
Associate Professor (Clinical Psychology), Dept. of Psychiatry, D- Block, Level- 5, Govt. Medical College and Hospital, Sector- 32, Chandigarh
INDIA

Mr. Yoseph Shumi Robi
Assistant Professor. Department of Educational Psychology, Kotebe University College, Addis Ababa, KUC,
ETHIOPIA

Dr. Ali Asgari, Ph.D
Assistant Professor. Department of Psychology, Kharazmi University, Somaye St., Tehran,
IRAN

Dr. Pardeep Kumar, Ph.D
Assistant Professor, Dept. of Psychology, Lovely Professional University, Punjab
INDIA

Dr. G Sai Sailesh Kumar, Ph.D
PhD, M.SC (Medical Physiology), Assistant Professor, Little flower medical Research Centre, Angamaly, Kerala,
INDIA

Peer-Reviewer(s):

Dr. Mahipat Shinh Chavada, Ph.D
Chairman, Board of Study, Gujarat University, Gujarat State
Principal, L. D Arts College, Ahmadabad, Gujarat
INDIA

Dr. Navin Patel, Ph.D
Convener, Gujarat Psychological Association (GPA)
Head, Dept. of Psychology, GLS Arts College, Ahmadabad, Gujarat,
INDIA

Dr. M. G. Mansuri, Ph.D
Head, Dept. of Psychology, Nalini Arts College, Vallabh Vidhyanagar, Gujarat,
INDIA

Dr. Bharat S. Trivedi, Ph.D
Head, Associate Professor , Dept. of Psychology, P. M. Pandya Arts, Science, Commerce College, Lunawada, Gujarat,
INDIA

Reviewer(s):

Lexi Lynn Whitson
Research Assi. West Texas A&M University, Canyon,
UNITED STATES

Dr. Rūta Gudmonaitė, Ph.D
Project Manager, Open University UK, Milton Keynes, England,
UNITED KINGDOM

Dr. Mark Javeth, Ph.D
Research Assi. Tarleton State University, Stephenville, Texas,
UNITED STATES

Online Editor(s):

Dr. S. T. Janetius, Ph.D
Director, Centre Counselling & GuidanceHOD, Department of Psychology, Sree Saraswathi Thyagaraja College, Pollachi
INDIA

Dr. Vincent A. Parnabas, Ph.D
Senior Lecturer, Faculty of Sport Science and Recreation, University of Technology Mara, (Uitm), Shah Alam, Selangor.
MALAYSIA

Dr K. Parameswaran, Ph.D
Professor, Symbiosis Law School, Pune (International Law, Jurisprudential Psychology of Penology and Victimology),
INDIA

Dr Amita Puri, Ph.D
Associate Professor, Dept of Behavioral Sciences, Amity University, Gurgaon,
INDIA

Deepti Puranik (Shah)
Assistant Director, Psychology Department, Helik Advisory LimitedAssociate Member of British and European Polygraph Association.
INDIA

Mr. Ansh Mehta, (Autism Expert of Canada)
Autism & Behavioral Science, George Brown College,
CANADA

Dr. Santosh Kumar Behera, Ph.D
Assistant Professor, Department of Education, Sidho-Kanho-Birsha University, Purulia, West Bengal,
INDIA

Heena Khan
Assistant Professor, P.G. Department of Psychology, R.T.M. Nagpur University, Nagpur, Maharashtra,
INDIA

Nayanika Singh
Assistant Professor, Department of Psychology at D.A.V. College, sector-10, Chandigarh.
INDIA

Mohammad Reza Iravani
Assistant Professor, Department of Social work, Azad, University of Khomeinishahr, Islamic Azad University, Khomeinishahr branch, Khomeinishahr, Esfahan
IRAN

Dr. Soma Sahu, Ph.D
Lecturer, Teaching Psychology, Research Methodology, Psychology Dept. Bangabasi College, Kolkata
INDIA

Dr. Varghese Paul K, Ph.D
Head, P.G. Dept. of Psychology, Prajyoti Niketan College, Pudukad,
Aided & Affiliated to University of Calicut, Kerala,
INDIA

Ajay Chauhan, M.Phil
Clinical Psychology, Sardar Patel University, Vallabh Vidyanagar
INDIA

Richard Harvey (Psycho-Spiritual Psychotherapist)
Author and Spiritual Teacher, Founder-Director of the Change Workshops (1986–1995).
SPAIN

Vishal Parmar, Forensic Psychologist
Forensic Psychology, Institute of Behavioural Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat.
INDIA

Aastha Dhingra (Clinical Psychologist)
DIRECTOR & CO-FOUNDER, AD EXECUTIVE TRAINING & COACHING PVT LTD
INDIA

Message from the Desk of Editor

It gives me great opportunity to present the forth volume of IJIP, the measure of progress. The concept of a Journal of Indian Psychology has been developing for over few years and finally another issue has come to fruition. From this edition we have ISSN for online 2348-5396 and print 2349-3429, ZDB-No.: 2775190-9, IDN: 1052425984, CODEN: IJIPD3, OCLC: 882110133, WorldCat Accession: (DE-600) ZDB2775190-9, ResearchID: P-8455-2015 in our publication. RedShine Publication, Inc is grateful to the contributors for making this Journal a reality.

The aim of IJIP is to increase the visibility and ease of use of open access scientific and scholarly articles thereby promoting their increased usage and impact. Hence, IJIP grants the permission to read, download, copy, distribute, print, search or link to the full texts of articles available online at the IJIP officially website (www.ijip.in) freely. Authors do not have to pay for submission, review of articles in IJIP.

The Journal would publish peer-reviewed original research papers, case reports, systematic reviews and meta-analysis. Editorial, Guest Editorial, Viewpoint and letter to the editor are solicited by the editorial board. Large numbers of research papers were received from all over the globe for publication and we thank each one of the authors personally for soliciting the journal. We also extend our heartfelt thanks to the reviewers and members of the editorial board who so carefully perused the papers and carried out justified evaluation. Based on their evaluation, we could accept some research papers for this issue across the disciplines. We are certain that these papers will provide qualitative information and thoughtful ideas to our accomplished readers. We thank all the readers profusely who conveyed their appreciation on the quality and content of the journal and expressed their best wishes for future issues. We convey our deep gratitude to the Editorial Board, Advisory Board and all office bearers who have made possible the publication of this journal in the planned time frame.

We humbly invite all the authors and their professional colleagues to submit their research papers for consideration for publication in our upcoming issues as per the "Scope and Guidelines to Authors" given at the website. Any comments and observations for the improvement of the journal are most welcome.

Prof. Suresh Makvana, PhD[1]
Editor in Chief,
HOD & Professor, Dept. of Psychology,
Sardar Patel University,
Vallabh Vidyanagar,
Gujarat, India

[1] ksmnortol@gmail.com

Index of Volume 4, Issue 2, No.96

No.	Title	Author	Page No.
1	**Person of the Month: Carl R. Rogers (1902-1987)**	**Ankit Patel**	**1**
2	Organisational Diagnosis on Effectiveness: A Comparative Study of Public and Private Sector Organisations	Dr. Sudhir K. Samantaray	5
3	**Brain's Hemisphere Lateralization and Learning Styles in Engineering Education**	**A. Gomathi** **Dr. K.V. Krishna**	**23**
4	Career Profile, Continuing Professional Training and Motivation in BICICI Employees	Tombezoogo Sylvestre Innocent Loba Saga Bernard Yao René Yao , Kassi Jean –Fréjus	31
5	**Meditation and Locus of Control in Relation to Altitude**	**Capt(ex) Deepika Chamoli** **Dr Rita Kumar** **Prof. (Dr.) Abha Singh**	**41**
6	The Study of Mental Health and Mobile Phone Addiction among Adolescences	Borale Yogesh Prabhakar Dr. Khalane Shashikant Hari	51
7	**Study of Psychiatric Morbidity among Health Professionals of Different Groups Using the General Health Questionnaire-28: A Cross-Sectional Study**	**Dr. Vinod A** **Dr. Shriniwas B Choudhari** **Dr. Sucheta Waghamare** **Dr. Rajshri** **Dr. Khushboo Dewani** **Shankar Moni**	**60**
8	The Contribution of Muslims and Islamic Concepts: Rethinking and Establishing the Actual Origin of Concepts and Thought in Psychology	Ajmal Majeed Jabir K.P	68
9	**Adjustment and Social Support of Pre-University College Adolescents**	**Dr. Maheshbabu. N** **Mr. Chandrkanth. B. K** **Dr. Shivakumar S Chengti**	**78**
10	Academic Achievement Motivation among Junior College Science Faculty Students	Dr. Sujit Dhanraj Kumavat	88
11	**Need to Change Exam Preparation Strategy**	**Akhil Subhash Madankar**	**93**
12	Self-Efficacy and Positive Life Orientation in Prostitutes	Dr. Soni Kewalramani Ms. Shreya Srivastava	98

No.	Title	Author	Page No.
13	**A Study on Mental Health and Quality of Work Life among teachers Working in Corporate Schools**	**G. Deepika Mudiraj**	**111**
14	Quality of Life Enhancement Program for People with Temporal Lobe Epilepsy	Jayasree Sampath Sarah Manickaraj	117
15	**Effect of Achievement Motivation on Personality Traits of Students**	**Dr. Arun Rajaram Daitkar**	**124**
16	Strengths among Contemporary Teenagers: A Comparative Study	Ritu Rani Punam Midha Ankita Budhiraja	130
17	**Type- D Personality and Burden among the Caregivers of Neurological Patients**	**Remita Chattopadhyay** **Dr Anuradha Sharma**	**142**
18	Effect of Socio-Economic Status on Coping Behaviour of Female Adolescents	Tauqeer Iqbal Ashfia Nishat	151
19	**The Everyday lives and coping Strategies of women in Delhi; Discerning roots of Psychological Empowerment: An Ethnographic Study**	**Swati Sharma** **Dr. Anita Gupta**	**158**
20	Relationship between Caretakers Variable on Occupation and Coping Strategies of Caretakers Attending to Patients with Cancer Problems	M. Sandhya Rani Dr. P. Sree Devi	170

DISCLAIMER

The views expressed by the authors in their articles, reviews etc in this issue are their own. The Editor, Publisher and owner are not responsible for them. All disputes concerning the journal shall be settled in the court at Lunawada,

COPYRIGHT NOTES

© 2016 IJIP Authors; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

The present issue of the journal is edited & published by RED'SHINE Publication (A unit of RED'MAGIC Networks. Inc) at 86/Shardhdha, 88/Navamuvada, Lunawada, Gujarat-389230, India

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 85, DIP: 18.01.001/20170402
ISBN: 978-1-365-68608-5
http://www.ijip.in | January-March, 2017

Person of the Month: Carl R. Rogers (1902-1987)

Ankit Patel[1]

Born	January 8, 1902 Oak Park, Illinois, U.S.
Died	February 4, 1987 San Diego, California, U.S.
Citizenship	American
Known for	Client-centered therapy, Student-centered learning, Rogerian argument
Fields	Phenomenal field, Theoretical works



Carl Ransom Rogers was an American psychologist and among the founders of the humanistic approach in psychology. The person-centered approach, his own unique approach to understanding personality and human relationships. Throughout his career he dedicated himself to humanistic psychology and is well known for his theory of personality development. He began developing his humanistic concept while working with abused children. Rogers attempted to change the world of psychotherapy when he boldly claimed that psychoanalytic, experimental, and behavioral therapists were preventing their clients from ever reaching self-realization and self-growth due to their authoritive analysis. He argued that therapists should allow patients to discover the solution for themselves. Rogers received wide acclaim for his theory and was awarded various high honors.

Dr. Carl R. Rogers was born in Oak Park, Illinois, in 1902. He received his B.A. from the University of Wisconsin in 1924, a M.A. from Columbia University in 1928, and his Ph.D. in psychotherapy from Columbia University in 1931. In 1940 Rogers became professor of psychology at Ohio State University where he stayed until 1945. He then transferred to the University of Chicago in 1945 where he served as the professor of psychology and the executive secretary at the Counseling Center. In 1957 he took a jpoint position in the departments of

[1] Clinical Psychology, Dept. of Psychology, Sardar Patel University, Vallabh Vidyanagar, Gujarat

Received: December 28, 2016; Revision Received: January 5, 2017; Accepted: January 24, 2017

© 2017 A Patel; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

psychology and psychiatry at the University of Wisconsin. After this Rogers traveled to a variety of colleges.

Rogers is a leading figure within psychotherapy and developed a breaking theory of personality development. This theory developed as a result of Rogers frustration with the authoritive analysis that therapists were imposing upon their patients. He is well known for his emphasis on personal awareness and allowing clients to have increasing flexibility in determining the treatment. Rogers believed that it was important for the individual to learn to understand himself and make independent choices that are significant in understanding the problem.

ROGERS' THEORY

Theory of Personality Development Rogers' therapy was an extension of his theory of personality development and was known as client-centered therapy, since the basis of the therapy was designed around the client. According to Rogers each person has within them the inherent tendency to continue to grow and develop. As a result of this the individual's self-esteem and self-actualization is continually influenced. This development can only be achieved through what Rogers refers to as "unconditional positive regard."

The element of free expression can also be illustrated in the case Mrs. L, and her ten- year- old son, Jim. During the first hour of the session the mother spent a full half-hour telling with intense feeling example after example of Jim's bad behavior. She tells of arguments with his sister, his refusal to dress himself, annoying tendencies such as humming at the table, bad behavior in school, and his refusal to help at home. Each one of her comments is highly critical of her son. Throughout the mothers talking the counselor makes no attempt to persuade the mother in feeling any other way about her son. Next, the son engages in play -therapy in which Jim makes a clay image and identifies it as his father. There is a great deal of dramatic play in which the boy shows his struggle in getting his father out of bed and the fathers resistance. Throughout this Jim knocks the clay figurines head off and crushes the body while shouting frantically. In both occurrences with the mother and her son the counselor allows the feelings to flow and does not try to block or alter them.

Another aspect of the therapy is that of positive action. Here once insight is achieved the actions that are taken are suited to the new insight that is gained. Thus, once Mrs. L has achieved a better emotional understanding of the relationship between herself and her son she is able to transfer that insight into actions which show the depth of her insight. She plans on giving Jim special affection, helping him to be more mature, and avoiding making the younger sister jealous. If such behavior had been suggested to her after the diagnosis of the case, she would have either rejected the suggestion or carried it out in a way that would almost certainly fail. Since it grew out of her own insight, she will be able to become a successful, mature mother.

The methodology of Rogers theory proved to be very successful within the case of Mrs. L and her son. This approach has helped millions of people since Rogers first developed it.

TIMELINE

1902 Born in Oak Park, Ill.
1924 Completed B.A., University of Wisconsin
1928 M.A., Columbia University
1931 Ph.D., Columbia University, Psychotherapy
1940 Ohio State University, Columbus, professor of psychology
1944 President of the American Association for Applied Psychology
1945 University of Chicago, Chicago, Ill., Professor of Psychology and executive secretary , Counseling Center.
1946 President of the American Psychological Association
1955 Nicholas Murray Butler Silver Medal
1956 First President of American Academy of Psychotherapist and special contribution award, American Psychological Association
1957 professor in departments of psychology and psychiatry; University of Wisconsin
1960 member of executive committee, University of Wisconsin
1962 Fellow, Center for Advanced Study in the Behavioral Sciences
1964 selected as humanist of the year, American Humanist Association
1968 honorary doctorate, Gonzaga University
1971 D.H.L. , University of Santa Clara
1972 distinguished professional psychologist award, Division of Psychotherapy
1974 D.Sc. university of Cincinnati
1975 D.Ph. University of Hamburg and DS.Sc. University of Leiden
1978 D.Sc. Northwestern University
1984 Union for Experimenting Colleges and Universities, Cincinnati
1987 Died of heart attack, San Diego, California

REFERENCES

Hothersall, David. (1995) History of Psychology. New York: McGraw-Hill.

Kathy Jo Hall (1997), Carl Rogers, Retrieved from http://www.muskingum.edu/~psych/psycweb/history/rogers.htm [15 Jan 2017]

May, Hal and collaborators. (1987). "Carl Rogers" Contemporary Authors, Vol.121, pg 363.

Metzger, Linda. and Straub Deborah. "Carl Rogers" Contemporary Authors New Revision Series, Vol 18 pg 381-382.

Rogers, C. (1942) Counseling and Psychotherapy. Houghton Mifflin Company, pg 31-44.

Rogers, C. (1951) Client-Centered Therapy. Houghton Mifflin Company, pg 13, 71.

Rogers, C. (1961) On Becoming a Person. Houghton Mifflin Company, pg 16, 17, 34.

Rogers, Carl R, Lyon, Harold C., Tausch, Reinhard: (2013) On Becoming an Effective Teacher - Person-centered Teaching, Psychology, Philosophy, and Diologues with Carl R. Rogers and Harold Lyon. London: Routledge

Rogers, Carl. (1951). Client-Centered Therapy. p. 64

Rogers, Carl. Communication: Its Blocking and Its Facilitation. [On Becoming a Person. Boston: Houghton Mifflin, 1961. 329-337.]

Photo Credit: Erikerikson.org

How to cite this article: A Patel (2017), Person of the Month: Carl R. Rogers (1902-1987), *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 85, ISSN 2348-5396 (e) | ISSN: 2349-3429 (p), DIP: 18.01.001/20170402, ISBN: 978-1-365-68608-5

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.181/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Organisational Diagnosis on Effectiveness: A Comparative Study of Public and Private Sector Organisations

Dr. Sudhir K. Samantaray[1]*

ABSTRACT

Changes have taken place in the lives of Indian organisations due to globalization and developments in information and communication technology revolutions. The present research focused on comparative perspectives and conceptual frame work suggested by Daft (1995) to study public and private sector organisations relating to culture, structure and strategy on organisational effectiveness. 400 front line managers comprising of 200 public and 200 private sectors, were taken into consideration. Group t-tests were conducted to assess the similarities and dissimilarities among HR personnel. The findings made a modest empirical contribution to understanding the fundamental challenges of sectoral perspectives. On one hand, the findings confirmed significant differences between public and private sector employees in their perceptions of organisational culture, structure and strategy; and on the other hand, examined the theoretical model of the relationship between organisational effectiveness as a series of work-related outcomes stating no significant differences across the sectors. The study provided practical implications for organisational development in linking structural variables to performance; focused on organisational culture in organisational efforts; addressed organisational issues holistically; suggested future studies in the areas of measurement improvement; and explored further research questions.

Keywords: *Organisational Diagnosis, Organisational Culture, Structure, Strategy, Organisational Effectiveness, Public Sector and Private Sector*

How to achieve greater organisational effectiveness is a million dollar question for all the time to come. From a research perspective, the importance of defining and measuring organisational effectiveness remains understandable because organisational effectiveness is a significant indicator to show the direction, position, and future of the organization. The continual effectiveness of an organisation not only depends on conformity to its role requirements but also

[1] Professor in Psychology, P. G. Department of Psychology, Dronacharya Government College, New Railway Road, Gurugram, Haryana, India
*Responding Author

Received: March 12, 2017; Revision Received: March 20, 2017; Accepted: March 22, 2017

© 2017 S Samantaray; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

on its ability to grow, develops and changes over a period of time. Making organisation effective is a major task for the business planners. To make organisation more effective; a number of interrelated factors are responsible for achieving its goals like organisational culture (Hofstede, 1991; Denison, Haaland & Goelzer, 2004), strategy (Enticott & Walker, 2008 Delery & Gupta, 2016), and structure (Andrews, Boyne, Law & Walker, 2009) play very significant roles in organisations.

Many organisation development (OD) strategies exist for improving an organisation's effectiveness (Beer & Spector, 1993; Cummings & Worley, 1993; Rothwell & Sredl, 1992). One of these strategies, organisational diagnosis, involves diagnosing or assessing, an organization's current level of functioning in order to design appropriate change interventions. The concept of diagnosis in organisational developmental programme is used in a manner similar to the medical model (Tichy, Hornstein, & Nisberg, 1977). Like the physician, the organisational diagnostician views the organisation as a total system. In the field of medicine, this is considered to be holistic medicine, while in the field of organisation development, the total system view is considered to represent *open systems theory* (Katz & Kahn, 1978). Fischbacher-Smith (2017) advocated that relationships between success and failure can be seen to offer some interesting challenges for the practice of business continuity. That is, an organisation can be viewed as a total system with inputs, throughputs, and outputs.

Organisational culture, structure and strategy encompass both the social and technical systems of an organisation. It is noticed that these factors have been studied as key organisational determinants impacting organisational effectiveness and other out put variables (Gold, Malhotra & Segars, 2001; Lee & Choi, 2004; Walker & Ruekert, 1987). There is no doubt many researches were conducted to study organisational effectiveness, but in the light of recent past, a comparative diagnosis of organisational effectiveness along with organisational culture-structure-strategic similarities and differences was not assessed jointly.

Comparative Perspectives: Public and Private Sector Organizations

Public and private sector organisations play very crucial role in sustaining the economy of any country (Costa, Guntupalli, & Trieu, 2006; Wu, 2007). Organisational culture, structure and strategy are varied along with the nature of management (public and private). Significant differences have been observed between public and private sector organizations with regard to organisational culture, structure and strategy (**Mathur, Aycan, & Kanungo, 1996;** Parker & Bradley, 2000; Erakovic, 2006; Agrawal & Tyagi, 2010). In addition to it, significant differences have been observed between public and private sector organisations in Indian context and abroad with regard to various aspects of organizations viz. planning, policy implementations, strategy, leadership, managerial effectiveness (Bains, 2007; Clayton et al., 2008; Rhys, 2008; Manolopoulos, 2008; Gupta & Mittal, 2008; Bao, 2009).

Rooted in the above findings, it is hypothesised that there are differences between the public and private sector organisations in terms of their organisational culture, structure, strategy and organisational effectiveness.

HYPOTHESIS

H1: There are significant difference between the public and private sector organisations in terms of organisational culture, organisational structure, organisational strategy and organisational effectiveness.

More specifically:

H1:1: There are significant differences between the public and private sector organisations in terms of organisational culture.

H1:2: There are significant differences between the public and private sector organizations in terms of organizational structure

H1:3: There are significant differences between the public and private sector organizations in terms of organizational strategy.

H1:4: There are significant differences between the public and private sector organizations in terms of organizational effectiveness.

Comparative Perspectives: Manufacturing and Service Sector Organisations

Manufacturing and service sector organisations play very significant role in our economy (Costa et al., 2006; Wu, 2007). Significant differences have been observed between manufacturing sector and service sector organisations with regard to the varied nature of organisational culture, structure and strategy. Some studies were under taken to study structural differences in manufacturing sector and service sector. Prakash & Gupta (2008) explored the relationship between organisational structure and perceived innovation in the manufacturing industry sector of India. Structural variables include vertical and horizontal complexity; formalisation; centralisation; concentration of authority; and participation in decision-making. Concentration of authority and participation in decision-making combine to form centralisation, both the former are analysed as separate variables. Innovation, measured by a perceptual variable, is labelled as perceived innovation. Gupta & Mittal (2008) studied promotional strategies among public and private sector banks in India. It was found that in traditional tools of promotion, both sectors' banks are almost same. Private Sector banks are adopting more push strategies to attract and catch the customers. They found differences between promotional strategies adopted by Public and Private Sector Banks (Gupta & Mittal, 2008).

Rooted in the above studied it is hypothesised that there are significant differences between manufacturing and service sector organisations.

H2: There are significant difference between the manufacturing and service sector organisations in terms of organisational culture, structure, strategy and organisational effectiveness.

More specifically:

H2:1: There are significant differences between the manufacturing and service sector organisations in terms of organisational culture.

H2:2: There are significant differences between the manufacturing and service sector organisations in terms of organisational structure.

H2:3: There are significant differences between the manufacturing and service sector organisations in terms of organisational strategy.

H2:4: There are significant differences between the manufacturing and service sector organisations in terms of organisational effectiveness.

METHODOLOGY ADOPTED

Since the prime objective of the study was to find out the similarities and dissimilarities across the four sectors with regard to organisational culture, structure and strategy and organisational effectiveness, the following methods and procedures were adopted.

Design

The study followed a comparative paradigm of research, group t-test, mean (M) values and standard deviations (SDs) of different factors for each subscale for all the four subgroups were taken into consideration.

Population

The unit of analysis in this study was the organization. Organizations are often differentiated based on their cultural (Schein, 1990), structural (Burns & Stalker, 1961), and strategic characteristics (Porter, 1980). This study collected people's perceptions of their organizational characteristics, and organizational effectiveness. The population in this study was organizations of Northern India, particularly located in Chandigarh, Punjab, Ludhiana, Haryana, Delhi, Gurgaon etc. The reason this geographical region was chosen was twofold. First, constraining geographical location can eliminate potential influence on study results due to different geographical locations. Second, the researcher had easier access to organizations in this region than those in other regions or parts of India.

In order to obtain employee perceptions, HR professionals working as Executives/Managers were chosen as the respondents. HR professionals were selected because they frequently interact with organizational members of other departments and of different job levels (Evans, 2003). They have good knowledge of organizational members (Gilley & Maycunich, 2000) and a more realistic view of the organization as a whole.

Sample

The sample consisted of 400 executives, 100 in each sub-group such as (i) executives from public sector industry, (ii) executives from private sector industry, (iii) executives from public sector service organizations, and (iv) executives from private sector service organization. The minimum educational qualification of all the respondents was graduation and the age range is from 25- 60 years. They belonged to the frontline and middle level in the hierarchy of their organizations.

Measures and Instruments Adopted

Four standardised questionnaires were adopted to collect data on four constructs like organisational culture (Fey and Denison, 2003), structure (Caruana, Morris, & Vella 1998), strategy (Venkatraman, 1990) and organisational effectiveness (Lee and Choi, 2004). All the measures were hiving high reliability and validity tested in various cultural settings.

Method of Study, Procedure & Data Analysis

After proper selection of the measures and samples, each executive was contacted personally by the investigator. He or she was clearly appraised about the design and objectives of the research undertaken. Proper instruction for each tool was given with clarity and patience. All the measures were administered and the data were collected put into statistical treatment with the help of SPSS.

FINDINGS

The purposes of this study was to find out any similarities and differences across four organisational set up viz. public, private, manufacturing and service sector organizations.

1. Public and Private Sector Analysis:

(i) Group "t" ratios between public and private sector employees on organizational effectiveness, reveals that there were no significant differences between public and private sector employees on organizational effectiveness (0.759 >.05 level).

(ii) Group "t" ratios between public and private sector employees on organizational culture, reveals that there were significant differences between public and private sector employees on organizational culture ($t = 2.804$, $p<0.05$). The total score of mean values of the public and private sector employees were 53.34 and 56.81 respectively. With regard to the various dimensions of organizational culture, the private sector employees were high on mission ($M= 14.3$, $t = 3.586$, $p<0.01$) and involvement ($M=14.22$, $t = 2.545$, $p<0.05$).

(iii) There were significant differences between public and private sector employees on organizational structure on both the dimensions viz. centralization and formalization. The private sector employees were high on both the dimensions i.e. centralization ($t = 2.863$, $p<0.01$) and formalization ($t = 3.677$, $p<0.01$).

(iv) Group‘t’ ratios between public and private sector employees on organizational strategy, clearly reveals that there were significant differences between public and private sector employees on organizational strategy. The private sector employees were high on analysis and defensiveness dimensions of organizational strategy. The means of private sector employees were high on analysis and defensiveness dimensions of organizational strategy than public sector employees i.e. Analysis ($t = 2.911$, $p<0.01$) and Defensiveness ($t = 2.953$, $p<0.01$). Where as no significant difference has been found between the public and private sector employees on futurity and proactiveness.

2. Manufacturing and Service Sector Analysis:

(i) Group “t” ratios between manufacturing and service sector employees on organizational effectiveness, reveals that significant differences were found between the two sectors. The means of the organizational effectiveness score of service and manufacturing sectors were 22.67 and 21.25 respectively ($t = 2.03$, $p<0.05$).

(ii) Group “t” ratios between service and manufacturing sector organizations on organizational culture and its various dimensions clearly indicates that there were significant differences found between employees of service and manufacturing sector organizations (Mean of Service Sector = 56.48, Mean of Manufacturing Sector = 53.67, $t = 2.27$, $p<0.05$). More specifically, the mean score of service sector employees were higher than manufacturing sector employees on three dimensions of organizational culture i.e. Mission (Mean of Service Sector = 14.01, Mean of Manufacturing Sector =13.19, $t = 2.078$, $p<0.05$); Adaptability (Mean of Service Sector = 13.92, Mean of Manufacturing Sector = 13.21, $t = 2.04$, $p<0.05$) and Consistency (Mean of Service Sector =14.48, Mean of Manufacturing Sector = 13.77, $t =2.065$, $p<0.05$).

(iii) There were significant differences between employees of service and manufacturing sector organizations on organizational structure on both the dimensions viz. centralization and formalization. The service sector employees were higher than manufacturing sector employees on both the dimensions i.e. centralization (Mean of Service Sector = 22.88, Mean of Manufacturing Sector =20.87, $t =3.377$, $p<0.01$) and formalization (Mean of Service Sector = 27.01, Mean of Manufacturing Sector =24.81, $t = 3.45$, $p<0.01$).

(iv) There were significant differences between employees of service and manufacturing sector organizations on organizational strategy on two dimensions of organizational strategy, viz. Analysis and Proactiveness. The service sector employees were higher than manufacturing sector employees on both the dimensions i.e. Analysis (Mean of Service Sector = 28.29, Mean of Manufacturing Sector =25.92, $t =3.171$, $p<0.01$) and Proactiveness (Mean of Service Sector = 23.46, Mean of Manufacturing Sector =21.98, $t = 2.592$, $p<0.01$). Where as no significant difference has been found between the service and manufacturing sector employees on Defensiveness and futurity.

DISCUSSION

Public Vs Private Sector Organisations

The findings of this present study make a modest empirical contribution to understanding one of the fundamental challenges of sectoral perspectives. It documents the relationship and differences between the public and private sector organisations in terms of organisational culture, organisational structure, organisational strategy and organisational effectiveness.

The most prominent result of this study is the clear variance that was found between private and public sector employees in their perceptions of organisational culture. The private sector employees were high on mission and involvement. This seems that the private sector employees are more goals oriented, having more vision and involvement in organisational activities. It is evident that public sector employees are having more ambiguous role in comparison to private sector employees. Public sector organisation employees experience more turbulence, interruptions, recycles, and conflict in comparison to private sector organisations (Perry and Rainey 1988; Rainey, Backoff, and Levine 1976; Ring and Perry 1985). Baldwin (1987) identified some of the distinguishing characteristics of public sector organizations. He proposed that in comparison to the private sector, public sector organisations have: (a) vague, unclear, or ambiguous goals and objectives; (b) more frequent leadership turnover; and (c) relative job security for tenured employees. This present finding is very much consistent with the study conducted by Srivastava & Krishna (1992) that the private sector employees were observed to be comparatively more involved in their job than public sector employees. Schraeder, Tears & Jordan (2005) highlighted some interesting similarities and differences between public and private sector organisations in terms of organisational culture and its challenges to evoke change in the organisations.

With regard to structural differentiation, this present investigation clearly identifies differences between public and private sector employees on organisational structure on both the dimensions viz. centralisation and formalisation. This clearly implies that in private sector, there is more centralisation as well as formalisation. It seems that the private sectors in India are more formalised and centralised in their approach, orientation and operation. This might be the reason that due to more goals orientated activities and focused vision, the private sector organisations are more determined by contextual factors. It seems very clear that due to contextual factors, the structure of organisation changes.

In this study, the perceived dimensions of organisational structure differed among the public and private sector organisations. This is quite consistent with earlier studies high lighting public-private differentiations. A “public-private difference” stream of research, begun by Rainey, Backoff, and Levine (1976), initiated a study of the roles that public and private organisations exhibit may lead to how they operate. Using this framework, researchers have found that the

demands placed on public and private organizations vary to the extent that different practices are recommended for each sector (Perry and Rainey 1988; Ring and Perry 1985). A variety of factors has been identified to distinguish public and private organizations (e.g., Bozeman 1987; Ring and Perry 1985). The most widely accepted classification, developed by Rainey, Backoff, and Levine (1976) and updated by Rainey (1989), uses environmental, transactional, and process factors to highlight differences among the sectors. It is clearly evident that structural dimensions and their conceptual relationships very much affect individual attitudes and behaviour. The finding of this present study is very much similar to study conducted by Mark (1985) in private service sector organisations. Mark (1985) found high level of centralisation and formalisation was associated with administrative effectiveness. An enhancing effect of organisational structure is suggested as contributing to organisational effectiveness. Johnson, Leenders & McCue (2000) found significant differences between public and private sector organisations with regard to organisational structure. Therefore, the significant differences found in this study are more congruent with regard to the perceived structure of organisation by the public and private sector employees.

Further, it is evident from this present study that significant differences have been found between public and private sector employees on organisational strategy. The private sector employees were high on analysis and defensiveness dimensions of organisational strategy. Since, analysis refers to the overall problem solving posture that indicates the extent of tendency to search deeper for the roots of problems and to generate the best possible solution alternatives (Miller & Friesen, 1984). Schwenk (1990) examined decisions in public and private organisations and reported notable differences. Private, for-profit organizations have smoother decision-making processes. Public organizations experience more turbulence, interruptions, recycles, and conflict (e.g., Perry and Rainey 1988; Rainey, Backoff, and Levine 1976; Ring and Perry 1985). Employees display unique roles in different sectors. These distinct roles suggest vastly different kinds of expectations and accountability that may call for different decision-making practices. The private sector employees were having high score on analysis which clearly signifies that they are more autonomous in taking decisions and arriving at solutions in comparison to public sector employees (Hickson et al. 1986).

In addition to analysis, the private sector employees were having high score on defensiveness dimension of organisational strategy. Defensive behaviours are demonstrated through cost reduction and efficiency seeking methods (Venkatraman, 1989). Becker (2002) has also highlighted improvement of organisational performance by exploiting workplace flexibility i.e. planning and design that reduce costs and increase flexibility. Nelson (2007) found significant differences between public and private sector employees in term of team member competence, standards, structure, and leadership. Gupta and Mittal (2008) studied that private sector employees adopted more efficient methods and strategies in comparison to public sector

employees. Therefore, the present findings confirm the earlier findings that private sector employees are better and differed on the two dimensions of organisational strategy i.e. analysis and defensiveness in comparison to public sector employees.

Further, in continuation of the observed findings, where as, no sector wise differences were found on the other two dimensions of organisational strategy i.e. futurity and proactiveness among the public and private sector employees. Futurity refers to temporal considerations reflected in key strategic decision, relative emphasis of long term effectiveness versus efficiency considerations at the present (Venkatraman, 1989). Proactiveness refers to proactive behaviours such as participation in emerging industries, continuous searching for market opportunities and experimentation with potential responses to changing environmental trends (Venkatraman, 1989). Baldwin (1987) and Khan (2009) found no specific difference in public and private sector organizations in strategic orientations. It is visualised that due to globalization and overall competition among the organization one over another, these two dimensions of organisational strategy were perceived similarly by the employees.

This present findings are very much consistency with earlier studies conducted by Schwenk (1990) and Nutt (2006) who had identified differences across the sectors. Again, some researchers had also suggested that sector differences exist (Child and Smith, 1987; Paget and Lau, 1985) among public and private management organisations. **In addition to it, the present finding was supported by recent findings carried out by** Clayton et al. (2008) stating significant differences between the sectors with regard to lack of autonomy in public organisations as compared to private sector organisations.

In a more similar way, Mathur, Aycan and Kanungo (1996) studied significant difference between public and private sector organisations. In comparison to public sector organisations, the internal work culture of private enterprises placed greater emphasis on internal locus of control, future orientation in planning, participation in decision-making, and obligation towards others in the work context. Accordingly, human resource management practices in the private sector utilised more effective motivational techniques (that is, feedback, autonomy, task significance, empowerment, supervisory control, and performance-reward contingency) compared to those in the public sector. Therefore, due to some contextual as well as organisational factors, it is obvious that private sector employees exhibited some differences on the said dimensions.

This study examined one theoretical model of the relationship between organisational effectiveness as a series of work-related outcomes in two separate sectors: the private and the public, stating no significant difference across the sectors. The study by Baldwin (1987) supported this present finding that no significant differences exist between public and private

sector employees on organizational effectiveness. Khan (2009) has also found no specific differences between public and private sector organisations. The reasons might be due to globalization in economy, knowledge diffusion and transmission, competitive environments etc. Both the public and private sector organisations are trying their best to compete with the changing environment. Sung (2008) highlighted competitive advantage of information technology (CAIT), corporate strategy, organisational structure, and organisational performance among the organisations. Information technology provides several traits of strategic advantages such as efficiency, threat, functionality, preemptive-ness, and synergy, directs corporate strategy, shapes organisational structure, and significantly contributes to corporate performance. This might be the reason that no significant difference has been found in this present study.

Service Vs Manufacturing Sector Organisations

Another major comparison was made between manufacturing and service sector organisations. It documented the relationship and differences between the service and manufacturing sector employees with regard to the dimensions of, organisational effectiveness, organisational culture, organisational structure, and organisational strategy in more systematic manner.

Efforts to delineate the performance implications of organisational culture elements continue. The study examined four major organisational culture traits, involvement, consistency, adaptability, and mission and compared organisational culture between the service and manufacturing sectors and it found significant differences between the employees of both the sectors. The perceived organisational culture was more in service sector than in manufacturing sector on the three dimensions of organisational culture dimensions i.e. mission, adaptability and consistency. There is no doubt that cultural traits may vary depending on the types of management (Denison, 1990; Denison & Mishap, 1995; Denison & Neale, 1996; Fey & Denison, 2003; Denison, 2009).

The findings of this present study are more consistent with the earlier studies conducted by Mathew (2007) and **Coffey (2010) in u**nderstanding organisational culture in the service sector organisations. Mathew (2007) explored the relationship of organisational culture with productivity and quality in Indian software organisations. He developed a range of insights into the way cultural processes tend to influence productivity and quality in people centric and knowledge intensive work contexts such as software. Rodman & Bray (2009) studied the influence of organisational culture on members' behaviour and organisational performance. They have documented a variety of performance outcomes related to specific characteristics of organisational culture profiles that describe and apply a theory of culture related to behaviour and performance from a managerial perspective oriented to the attainment of results which are critical for the survival and viability of organisations. Ramadan (2010) in his research provides empirical evidence on the links between organisational culture and competitive advantage and

studied influence of objective aspects of organisational culture on objective measures of the outcomes of a firm's sustainable competitive advantage.

In the line of service and manufacturing sector wise differentiation, this present study has investigated differences between employees of service and manufacturing sector organizations on organizational structure on both the dimensions viz. centralisation and formalisation. There is no doubt that the impact of organisational structure has been highlighted as having both positive and negatives effects depending on the nature and type of organisation. In this context, Yu and He (2007) and Carney (2009) suggested and analysed various advantages and disadvantages/positive benefits and negative consequences of organisational structures. In this present investigation, the service sector employees were found to be higher on both the dimensions i.e. centralisation and formalisation than manufacturing sector employees. It is very clear that there is more perceived centralisation and formalisation in the service sector.

It is quite clear from the review of existing literature that researches are scanty and limited in stating the impact of structures on service and manufacturing sectors. It is attributed that the service sector employees may be having less autonomy in their functioning and less roles in the decision making process of the organisation.

The findings of the present study documented marginal differences between employees of service and manufacturing sector organisations on organisational strategy. The service sector employees were higher than manufacturing sector employees on two dimensions organisational strategy, viz. analysis and proactiveness. Where as no significant differences have been found between the service and manufacturing sector employees on other two dimensions of organisational strategy i.e. defensiveness and futurity.

In this research, the importance of measuring organisational effectiveness remained understandable because organisational effectiveness is a significant indicator to show the direction, position, and future of the organisation (Cameron, 1986; Reds haw, 2000; Tonti & Herbs, 2009). It is found that there are significant differences between the service and manufacturing sectors on organisational effectiveness. The service sector organisations were proved to be more effective in comparison to manufacturing sectors. The reasons may be attributed to a number of factors like, motivation, job satisfaction, leadership, compensation, organizational justice, communication, intra and inter-team functioning, judgement and decision-making, organizational development and change. Psychological insights are offered on management interventions, organizational theory, organizational productivity, organizational culture and climate, strategic management, stress, and job loss and unemployment (Anderson, Ones & Sinangil, 2005).

Downey-Ennis and Harrington (2002) found more organisational effectiveness in private sector (i.e. Irish health-care organizations). Bao (2009) has also found more managerial effectiveness in light of organisational effectiveness in service sector such as identification of specific opportunities and appropriate motivation by the managers. Drummond and Al-Anazi (1997) studied leadership styles in terms of risk taking behaviour. Hickson (1986) and Schwenk (1990) Nutt (2006) organizations have smoother decision-making processes. Public organizations experience more turbulence, interruptions, recycles, and conflict (e.g., Perry and Rainey 1988; Rainey, Backoff, and Levine 1976; Ring and Perry 1985). Some times, the effectiveness of organisation depends on leadership as well as management styles. This might be another reason that service sector organisations were proved to be more effective than manufacturing sector. According to Pattanayak, Niranjana and Ganguly (2005) leadership is a power function and contributes to influence strategies of ingratiation and it is very well associated with organisational effectiveness. Wu, (2007) viewed that in India, the service sector has become the dominant contributor to the Indian economy, accounting for 54.2 per cent of GDP in 2004. The success in this sector is regarded as "India's services revolution". Therefore, in this study the service sector organisations proved to be more effective as perceived by the employees.

Therefore, it is obvious that sector differentials exist in the life of Indian organisations due to organisational and contextual factors. There is no doubt that organisational factors are the prime factors contribute to, as a result ultimately affecting organisational growth, development as well as effectiveness.

IMPLICATIONS AND RECOMMENDATION FOR FUTURE RESEARCH

Many organisations still view organisational effectiveness as launching some welfare programme without adequate consideration of their organisational characteristics to ensure the success of their organisational development initiatives. Through analyzing the relevance of organisational characteristics to organisational success enhancement, this study brings to attention the importance of focusing on creating a harmonious culture-friendly environment that is made up of appropriate cultural, structural, and strategic features. This study also provides empirical evidence for the positive contribution of organisational factors that leads to organisational success. The following specific conclusions were derived.

Further studies are needed to extend the current research in the areas of measurement and further research questions. This study employed measurements from different instruments, and measurement problems came up and should be addressed in future research that the items measuring organisational effectiveness could be improved and increased by adopting other factors of organisational effectiveness at individual level, group level as well as organisational level. For informants to give accurate perceptions of their whole organisation is not a realistic expectation, especially in large organisations. Future research could focus the level of analysis on the business unit or even department.

CONCLUSION

In conclusion, the study results established that differences and similarities across the four organisational sectors were identified and discussed. Contingency theory offers a theoretical justification for the relationships among these constructs. The contingency approach (Galbraith 1977; Ruekert, Walker, and Roering 1985) holds that there are no universal principles that apply to all organisations and that not all available approaches are equally effective. Contingency theory argues that for an organisation to survive and perform in a given context, it must exhibit congruence between its internal elements and its external environment (Galbraith 1977). The results of the analysis carried out on the organisational culture, structure and strategy of organisations indicated very significant importance as part of its organisational growth leading to organisational effectiveness. Brewster, Gooderham, & Mayrhofeg (2016) and Fischbacher-Smith (2017) linked human resource management strategy with performance, and organisational effectiveness. Therefore, necessary strategic approach should be undertaken how to enhance the efficiency and effectiveness on the part of organizations. Therefore, on the basis of obtained findings as perceived by the respondents, it can be concluded that having efficient and effective organisational culture, structure and strategy is an important aspect of an organisation to ensure organisational effectiveness. The congruence between its internal elements and its external changing and challenging environments is to be taken care of greater effectiveness and efficient functioning of organisations.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

Agrawal, R. K., & Tyagi, A., (2010). Organisational culture in Indian organisations: an empirical study. *International Journal of Indian Culture and Business Management*, 3 (1): 68-87.

Anderson, N., Ones, D. & Sinangil, H.K., (2005). Handbook of Industrial, Work & Organizational Psychology: Volume 2: sage publications.

Andrews, R., Boyne, G.A., Law, J. & Walker, R. (2009). Centralization, organizational strategy, and public service performance. *Journal of Public Administration Research and Theory*, January 01.

Bains, D.R., (2007). *A Comparative Study of Integrated Human Resource Development Systems of Public and Private Sector Organizations (A Case Study of Selected Organisations).* Theses, Dept. of Commerce and Business Studies, Jamia Millia Islamia, New Delhi.

Baldwin, J.N. (1987). Public versus private: Not that different, not that consequential. *Public Personnel Management*, 16, 2, 181-193.

Bao, C. (2009). Comparison of public and private sector managerial effectiveness in China: A three parameter approach. *Journal of Management Development*, 28 (6): 533-541.

Becker, F., (2002). *Improving organisational performance by exploiting workplace flexibility*. Journal of Facilities Management, 1 (2): 154-162.

Beer, M. & Spector, B. (1993). Organizational diagnosis: Its role in organizational learning. *Journal of Counseling and Development*, 71, 642-650.

Bozeman, B. (1987). *All organizations are public.* San Francisco*: Jossey-Bass.*

Brewster, Chris, Gooderham, Paul N. & Mayrhofer, Wolfgang (2016). "Human resource management: the promise, the performance, and the consequences", Journal of Organizational Effectiveness: People and Performance, Vol. 3 Iss: 2, pp.181-190.

Burns, T. & Stalker. G.M. (1961). The Management of Innovation. London: Tavistock.

Cameron, K. (1986). A Study of Organizational Effectiveness and Its Predictors. *Management Science*, 32 (1): 87.

Carney, M. (2009). Middle manager involvement in strategy development in not-for profit organizations: the director of nursing perspective-how organizational structure impacts on the role. Journal of Nursing Management, 12 (1): 13-21

Caruana, A., Morris, M.H., & Vella, A.J. (1998). The effect of centralization and Formalization on entrepreneurship in export firms. *Journal of Small Business Management*, 36 (1): 16-29.

Child, J. & Smith, C. (1987). The Context and Process of Organisational transformation: Cadbury Limited in its sectors. Journal of Management Studies, 24: 565-593.

Clayton, B., Fisher, T., Harris, R., Bateman, A., & Brown, M. (2008). *A study in difference: structures and cultures in Australian registered training organisations.* Project Report. National Centre for Vocational Education Research NCVER, Adelaide, South Australia.

Coffey, V. (2010). *Understanding Organisational Culture in the Construction Industry*. Taylor and Francis, pp. 272.

Costa, P., Guntupalli, M., Rana, V. & Trieu, H. (2006). China and India: A Comparative Study of the Manufacturing and Services Industries Submitted April 24th, 2006 Prepared for the International Economic Development Program, Ford School of Public Policy, University of Michigan.

Cummings, T. G. & Worley, C. G. (1993). *Organization development and change. Fifth Edition*. New York, NY: West Publishing.

Daft, R.L. (1995). *Organizational theory and design.* St. Paul: West Publishing Co.

Delery, John & Gupta, Nina (2016). "Human resource management practices and organizational effectiveness: internal fit matters", Journal of Organizational Effectiveness: People and Performance, Vol. 3 Iss: 2, pp.139-163.

Denison, D.R. & Mishra, A.K. (1995). Toward a theory of organizational culture and effectiveness. *Organization Science*, 6 (2): 204-223.

Denison, D.R., & Neale, W. (2000). *Denison Organizational Culture Survey*. Ann Arbor, MI: Denison Consulting.

Denison, D.R., & Neale, W.S. (1996). *Denison organization culture survey: Facilitator's guide.* Ann Harbor, MI: Aviat.

Denison, D.R., Haaland, S. & Goelzer, P., (2004). Corporate Culture and Organizational Effectiveness: Is Asia Different From the Rest of the World? Organizational Dynamics, 33 (1): 98-109.

Deshpande, R., Farley, U., & Webster, F. (1993). Corporate culture, customer orientation, and innovativeness in Japanese firms: A quadratic analysis. *Journal of Marketing*, 57 (1): 23-37.

Downey-Ennis, K. & Harrington, D., (2002). Organisational effectiveness in Irish health-care organizations. *Managing Service Quality*, 12 (5): 316-322.

Drew, S. (1997). From knowledge to action: The impact of benchmarking on Organizational performance. *Long Range Planning*, 30 (3), 427-441.

Drummond, K. & Al-Anazi, F. B. (1997). Leadership Styles in Saudi-Arabia: Public and Private Sector Organizations Compared. *Cross Cultural Management: An International Management*, 4 (4): 3-8.

Enticott, G., & Walker, R.M., (2008). Sustainability, performance and organizational strategy: an empirical analysis of public organizations. Business Strategy and the Environment, 17 (2): 79–92.

Erakovic, L. (2006). Researching organisational change in the public sector. International *Journal of Learning and Change*, 1 (2): 201-216.

Evans, C. (2003). *Managing for Knowledge: HR`s strategic role*. MA: Butterworth Heinemann.

Fey, C.F., & Denison, D.R., (2003). Organizational Culture and Effectiveness: Can American Theory Be Applied in Russia? Organization Science, 14 (6): 686-706

Fischbacher-Smith, Denis (2017). "When organisational effectiveness fails: Business continuity management and the paradox of performance", Journal of Organizational Effectiveness: People and Performance, Vol. 4, Iss: 1, pp.89-07.

Galbraith, J.R. (1977). Organizational Design. Reading: Mass.: Addison Wesley.

Gilley, J.W., & Maycunich, A. (2000). *Organizational learning performance and change: An introduction to strategic human resource development*. MA: Perseus Publishing.

Gold, A.H., Malhotra A., and Segars, A.H. (2001). Knowledge management: An organizational capabilities perspective. *Journal of Management information Systems,* 18 (1): 185-214.

Gupta, S.L. & Mittal, A. (2008). Comparative study of promotional strategies adopted by public and private sector banks in India. Asia-Pacific Business Review, July-Sept, 2008.

Hofstede, G. (1991). *Cultures and Organizations: Software of the Mind.* London: McGraw-Hill.

Johnson, P.F., Leenders, M.R. & McCue, C.P. (2000). A Comparison of Public and Private Sector Supply Organizational Structures and Corporate Activities," *IPSERA Conference Proceedings*, University of Twente, The Netherlands, March 2002, p. 355-364.

Katz, D. & Kahn, R. L. (1978). *The Social psychology of organizations* (2nd Ed.). New York, NY: Wiley.

Khan, I. (2009). Public vs. private sector: an examination of neo-liberal ideology. Online at http://mpra.ub.uni-muenchen.de/13443/MPRA Paper No. 13443, posted 17. February 2009 / 18:51.

Kilmann, R.H., Saxton, M.J., & Serpa, R. (1986). Issues in Understanding and Changing Culture. *California Management Review*, 28: 87-94.

Lather, A.S., Puskas, J., Singh, A.K., & Gupta, N., (2010). Organisational culture: A study of selected organisations in the manufacturing sector in the NCR. Agric. Econ. -Czech, *56*(8): 349-358.

Lee, H., & Choi, B. (2004). Knowledge management enablers, process, and Organizational performance: An integrative view and empirical examination. *Journal of Management Information Systems*, 20 (1):179- 228.

Manolopoulos, D. (2008). An Evaluation of Employee Motivation in the Extended Public Sector in Greece. *Employee relations*, 30 (1): 63-85.

Mark, B. (1985). Task and structural correlates of organizational effectiveness in private psychiatric hospitals. Health Services Research, 20 (2): 199-224.

Mathew, J. (2007). "*The relationship of organisational culture with productivity and quality: A study of Indian software organizations,"* Employee Relations, Volume: 29 Issue: 6 Page: 677-695.

Mathur, P., Aycan, Z. and Kanungo, R.N., (1996). Work Cultures in Indian Organisations: A Comparison between Public and Private Sector. *Psychology & Developing Societies*, 8 (2): 199-222.

Miller, D., & Friesen, P.H. (1984). Strategy- making and environment: the third link. *Strategic Management Journal*, 4, 221-235.

Nelson, C.K. (2007). *Identifying Teamwork Differences between Public and Private Organizations.* Paper presented at the 57th Annual Conference of the International Communication Association within the Organizational Communication Division, Nelson Consulting, LLC. May 2007

Nutt, P.C. (2006). Comparing public and private sector decision-making practices. Journal of Public Administration Research and Theory, 01, April.

Parker, R. & Bradley, L. (2000). Organisational culture in the public sector: evidence from six organisations, International Journal of Public Sector Management, Vol. 13 Iss: 2, pp.125-141

Pattanayak, B., Niranjana, P. and Ganguly, S. (2005). Power dynamics, leadership and ingratiation: a study on Indian public sector. *International Journal of Human Resources Development and Management*, 5 (1): 57-68.

Pavett, C.M. & Lau, A.W. (1985). A Comparative Analysis of Research and Development Managerial Jobs across Two Sectors. Journal of Management Studies, 22 (1): 69-82.

Perry, J.L. & Rainey, H.G. (1988). The public-private distinction in organizational theory: A critique and research strategy. *Academy of Management Review*, 13, 182-201.

Porter, M. (1980). *Competitive Strategy: Techniques for Analyzing Industries and Competitors.* The Free Press: New York.

Prakash, Y. & Gupta, M. (2008). Exploring the Relationship between Organisation Structure and Perceived Innovation in the Manufacturing Sector of India. Singapore Management Review.

Rainey, H.G. & Milward, H.B. (1981). Public Organizations, Policy Networks, and Environments. In R. A. Hall and R. E. Quinn (eds.), *Organization Theory and Public Policy*. Beverly Hills, CA: Sage, 133-46.

Ramadan, W.H. (2010). The Influence of Organizational Culture on Sustainable Competitive Advantage of Small & Medium Sized Establishments. *E-Leader Budapest 2010*

Redshaw, B., (2000). Evaluating organisational effectiveness. *Industrial and Commercial Training*, 32 (7): 245-248.

Rhys, Andrews (2008). Perceived Environmental Uncertainty in Public Organizations: An Empirical Exploration. *Public Performance & Management Review*, 32 (1): 25.

Ring, P.S., & Perry, J.L. (1985). Strategic Management in Public and Private Organizations: Implications of Distinctive Contexts and Constraints. *Academy of Management Review*, 10: 276-86.

Roldán, I.G., & Bray, R.G.R., (2009). Similarities and Differences Existing in Cultural Profiles of Colombian Organizations of Higher and Lower Performance. rev.fac.cienc.econ., Vol. XVII (1): 9-24-

Rothwell, W. J. & Sredl, H. J. (1992). *The ASTD reference guide to professional human resource development roles & competencies. (*2nd Ed.). Amherst, MA: HRD Press.

Rueket, R.W., Walker, O.C., & Roering, K.J. (1985). The organization of marketing activities: a contingency theory of structure and performance. *Journal of marketing*, 49, 13-25.

Schein, E. (1990). *Organizational culture and leadership*. San Francisco: Jossey-Bass.

Schraeder, M., Tears, R.S., & Jordan, M.H., (2005). Organizational culture in public sector organizations: Promoting change through training and leading by example", Leadership & Organization Development Journal, Vol. 26 Iss: 6, pp.492-502-

Schwenk, C. R. (1990). Strategic Decision Making. *Journal of Management*, 21 (3): 471-493.

Srivastava, A.K. & Krishna, A. (1992). Employees' Job Involvement and Mental Health in Public and Private Sector Organizations: A Comparative Study. *Indian Journal of Industrial Relations*, 28 (1): 62-70.

Sung, T.K. (2008). Competitive advantage of IT and effects on strategy and structure: knowledge-intensive vs. manufacturing industries. *International Journal of Technology Management*, 41 (3-4): 359-378.

Tichy, N. M., Hornstein, H. A., & Nisberg, J. N. (1977). Organization diagnosis and intervention strategies: Developing emergent pragmatic theories of change. In W. W. Burke (Ed.),

Current Issue and Strategies in Organization Development (pp. 361-383). New York, NY: Human Sciences Press.

Tosti, D. & Herbst, S.A. (2009). Organizational Performance and Customer Value. *Journal of Organizational Behavior Management*, 29 (3 & 4): 294-314.

Venkatraman, N. (1989). Strategic orientation of business enterprises: the contact, Dimensionality, and measurement. *Management Science*, 35: 942-962.

Venkatraman, N., & Prescott, J.E. (1990). Environment strategy co-alignment: an Empirical test of its performance implications. *Strategic Management Journal*, 11 (1)-23.

Walker, Jr. O.C. & Ruekert, R.W. (1987). Marketing's Role in the Implementation of Business Strategies: A Critical Review and Conceptual Framework. *Journal of Marketing* (Summer 1987), p. 15-33.

Wu, Y. (2007). Service sector growth in China and India: a comparison. *China: An International Journal, March, 2007* http://findarticles.com/p/articles/mi_7070/is_1_5/ai_n28440958/

Yu, X. & He, J. (2007). A Study on Organizational Structures. *International Journal of Business and Management*, December, 2007.

How to cite this article: S Samantaray (2017), Organisational Diagnosis on Effectiveness: A Comparative Study of Public and Private Sector Organisations, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.181/20170402, ISBN: 978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.182/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Brain's Hemisphere Lateralization and Learning Styles in Engineering Education

A. Gomathi[1]*, Dr. K.V. Krishna[2]

ABSTRACT

The study explored various functions of the brain or hemisphere lateralization and it relevance to learning style and education namely how it relates to other style constructs (visual, Aural, verbal, physical, logical, social and solitary), gender and department stream how these are likely to impact upon learning in educational setting. Generally learning style can be described as a set of factors, behaviors, and attitudes that facilitate learning for an individual in a given situation. Students learn differently from each other and it has been determined that brain structure influences language structure acquisition. It has also been shown that different hemispheres of the brain contain different perception. The implications of these finding for the assessment of brain lateralization and their learning style preferences are discussed.

Keywords: *Brain Dominance, Gender With Learning Style, Department Stream, Hemisphere Lateralization*

The neuroscience is study of understand the relationships between the structures of the nervous system and a person's behavior. It is difficult or unethical to directly study the nervous system during a behavior and indirect methods must be used instead. One example of such an indirect method is using a subject's preferred hand to predict which of the two Cerebral Hemispheres is dominant. The are some difficulties with his method of studying lateralization of function but if it can be better understood it could have many practical and theoretical implications for the study of neuroscience. The Cerebral Hemispheres are very similar in appearance, but they differ significantly in their structure. One of the best known differences between the two structures is motor control; the right hemisphere controls the left half of the body and the left hemisphere controls the right half of the body. These motor control differences were discovered mainly through the examination of paralysis caused by stokes or other damage to a specific hemisphere.

[1] Ph.D Part Time Research Scholar, Department of Psychology, Bharathiar University, Coimbatore. & Assistant Professor, Department of Psychology, Sree Saraswathi Thyagaraja College (Autonomous), Pollachi. Coimbatore District, Tamilnadu, India
[2] Research Supervisor, & Assistant Professor, Department of Psychology, Bharathiar University, Coimbatore, India
*Responding Author

Received: March 9, 2017; Revision Received: March 27, 2017; Accepted: March 30, 2017

© 2017 Gomathi A, Krishna K; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

Objective of the study

To find the relationship between brain's hemisphere lateralization and learning styles preferences
To examine the patterns emerge in their strategy use with regard to learning styles.

LITERATURE REVIEW

Herrmann, (2003). Hemispheres are in interaction with each other under normal circumstances. However, each has different basic functions. Herrmann states that separating the human brain into two parts as left / right brain is insufficient in terms of identifying the differences. In Herrmann's four quadrant brain model, which was formed in 1995, the upper left quadrant of the brain is shown with letter A, while others are shown in B, C and D counter clockwise. In the metaphorical Whole Brain Model of Herrmann, these four quadrants are right and left cerebral halves (upper right and left quadrants) and right and left limbic halves (lower right and left quadrants).

Honey & Mumford, (2000) Educationalists introduced the concept of learning style as a "description of the attitudes and behaviours that determine our preferred way of learning". Therefore, it is important for the teacher to be aware of different ways to communicate the same content.

Kemal Özgena, Berna Tataroglua, Hüseyin Alkana (2011). It is assumed that learning involves a lot of complex components such as environmental, emotional, sociological, physiological, psychological ones (Dunn, s1983). During different stages of learning process, differences are observed between individuals and these are referred as individual differences in education. The brain dominance and learning style preferences of individuals are also regarded among individual differences. Knowing how learning takes place; and mental activities that are performed to reflect this on learning environment during learning process are important for brain hemisphere preferences and learning styles. For this reason, studies about brain hemispheres and learning styles continue to draw interest both in past and today.

McCarthy, Germain & Lippitt, (2006). According to studies, left hemisphere exhibits a more analytic approach, while right hemisphere displays holistic and spatial approach. Each hemisphere has special mental abilities. The left hemisphere is analytical, abstract, verbal, digital, logical, sequential, and rational, while the right hemisphere is holistic, concrete, non-verbal, visual spatial, intuitive, simultaneous and analogical

Riad S. Aisami (2015) said the effectiveness of instruction is usually measured by the instruction's capability in enabling the target learners achieve the instruction's intended learning outcomes. Thus, in order for teachers and instructors to plan the instruction that meets their students' need, they ought to know how the students learn better based on their learning styles. The type of learning style mainly depends on the side of the brain, left and right, that a student uses the most. Therefore, teachers and instructors need also to know how the human brain functions in order to assess the learning styles of their students properly and so develop matching instructional strategies.

Solso, Maclin & Maclin, (2007: 80). The studies about split brain show that different types of information are processed in left and right brain hemispheres and the functions of these two hemispheres are different. While some people learn by hearing or reading words, others prefer seeing pictures, and or learn by doing (hands-on). Also, there are some people who learn better by analyzing or socializing, or some people like to learn individually, while others like to learn in groups. These different preferences of learning are referred to as the learning styles. Figure 1 presents learning styles overview that includes seven-learning styles: (1) visual (special), (2) verbal (linguistic), (3) aural (auditory), (4) logical (mathematical), (5) physical (kinesthetic), (6) Social (interpersonal), and Solitary (intrapersonal). This overview is based on (Learning-styles-online.com, 2014).

Also, students can have a combination of two styles such as visual-verbal, visual-nonverbal, auditory-verbal, or physical-kinesthetic, or can have a mix of multiple learning styles. Evidently, students with multiple learning styles can benefit from multiple instructional strategies. However, the research does not provide evidence of the superiority of a particular combination or mix of multiple learning styles over another.

METHOD

Participants were 500 undergraduate engineering college students, included 338 male (67.6%) and females 162 (32.4%) who completed the Hermann Brain Dominance Inventory (HBDI) and Memletics Accelerated learning styles Inventory.

Research and data collection

The finalized questionnaire was administrated on sample of engineering college students.

Data Analysis

The data collected through questionnaire was coded and analyzed through SPSS 16.0, percentage score; chi-square value and one-way ANOVA were computed.

RESULT

Data collected through questionnaire was analyzed in light of objectives of the study. Gender wise, learning style wise calculated in percentages. To infer the significance of results, F-test and chi-square were applied. The findings drawn from the data analysis are given below.

Table 1 – Gender and Brain Dominance

Gender	**Dominance**			**Total**
	Bilaterlization	**Left**	**Right**	
Male	47	140	151	338
	9.4%	*28.0%*	*30.2%*	*67.6%*
Female	31	87	44	162
	6.2%	*17.4%*	*8.8%*	*32.4%*
Total	**78**	**227**	**195**	**500**
%	***15.6%***	***45.4%***	***39.0%***	***100.0%***

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**14.173[a]**	**2**	**.001**
Likelihood Ratio	14.580	2	.001
N of Valid Cases	500		
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 25.27.			

There is no association between gender and brain dominance. The value of chi-square test (14.173) at low p-value of 0.001) indicate that the null hypothesis is rejected at 1 per cent level of significance. Hence it may be conclude that there is a significant difference between gender and brain dominance ($p<0.01$).

It focuses that 338 respondents are male category, 151 respondents (30.2%) are using their right brain dominance and 31 respondents (9.4%) are bilaterlization.

As regards 162 respondents are female category, 87 respondents (17.4%) are using their left brain dominance and 31 respondents (6.2%) are using their bilaterlization. The majority 338 respondents are male category (67.6%) are using their right brain dominance.

Table 2 – Gender and Department level

Gender	**Department**		**Total**
	EEE	**Mech.**	
Male	180	158	338
	36.0%	31.6%	67.6%
Female	162	0	162
	32.4%	.0%	32.4%
Total	**342**	**158**	**500**
%	***68.4%***	***31.6%***	***100.0%***

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.107E2[a]	1	.000
Likelihood Ratio	156.683	1	.000
N of Valid Cases	500		
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 25.27.			

There is no association between gender and department level. The value of chi-square test (1.107) at low p-value of 0.000) indicate that the null hypothesis is rejected at 1 per cent level of significance. Hence it may be conclude that there is a significant difference between gender and brain department ($p<0.01$).

It is clear that 342 respondents (68.4%) were EEE students and low levels of 158 respondents (31.6%) are Mechanical Engineering students. The majority of students are (68.4%) EEE students.

Table 3- Department and Brain Dominance

Department	**Dominance**			**Total**
	Bilaterlization	**Left**	**Right**	
EEE	58	155	129	342
	11.6%	*31.0%*	*25.8%*	*68.4%*
Mechanical	20	72	66	158
	4.0%	*14.4%*	*13.2%*	*31.6%*
Total	**78**	**227**	**195**	**500**
%	***15.6%***	***45.4%***	***39.0%***	***100.0%***

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**1.738[a]**	**2**	**.419**
Likelihood Ratio	1.782	2	.410
N of Valid Cases	500		
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 24.65.			

There is no association between department and brain dominance. The value of chi-square test (1.738) at high p-value of (0.419) indicates that the null hypothesis is accepted at 5 per cent level of significance. Hence it may be conclude that there is no significant difference between department and brain dominance ($p>0.01$).

It is shows that out of 500 respondents, 78respondents were bilaterlization (15.6%), 227 respondents (45.4%) were left brain dominance and 195 respondents (39%) were right brain dominance. The majority of EEE department students were using left brain dominance at 31 per cent.

Table 4 One – way ANOVA Gender with Learning Style

Learning style	Variable	Sum of Squares	df	Mean Square	F	Sig.
Visual	Between Groups	.417	1	.417	.930	.363
	Within Groups	3.583	8	.448		
	Total	4.000	9			
Aural	Between Groups	.067	1	.067	.229	.645
	Within Groups	2.333	8	.292		
	Total	2.400	9			
Verbal	Between Groups	.100	1	.100	.100	.760
	Within Groups	8.000	8	1.000		
	Total	8.100	9			
Physical	Between Groups	.817	1	.817	1.823	.214
	Within Groups	3.583	8	.448		
	Total	4.400	9			
Logical	Between Groups	.100	1	.100	.125	.733
	Within Groups	6.400	8	.800		
	Total	6.500	9			
Social	Between Groups	.817	1	.817	1.074	.330
	Within Groups	6.083	8	.760		
	Total	6.900	9			
Solitary	Between Groups	1.219	1	1.219	2.226	.174
	Within Groups	4.381	8	.548		
	Total	5.600	9			

There is no significant difference between gender and learning style. The above visual learning style reveals that the p-value is more than 0.05; the null hypotheses accept at 5 per cent level of significance. It is concluded that there is no significant difference between gender and visual learning style ($F=.930$; $p>0.05$).

The above table aural learning style reveals that the p-value is more than 0.05; the null hypotheses accept at 5 per cent level of significance. It is concluded that there is no significant difference between gender and aural learning style ($F=.229$; $p>0.05$).

The above table verbal learning style reveals that the p-value is more than 0.05; the null hypotheses accept at 5 per cent level of significance. It is concluded that there is no significant difference between gender and aural learning style ($F=.100$; $p>0.05$).

As regards the above table physical learning style reveals that the p-value is more than 0.05; the null hypotheses accept at 5 per cent level of significance. It is concluded that there is no significant difference between gender and aural learning style (F=1.823; p>0.05).

It is clear that the above table logical learning style reveals that the p-value is more than 0.05; the null hypotheses accept at 5 per cent level of significance. It is concluded that there is no significant difference between gender and aural learning style (F=.125; p>0.05).

It is focus that the above table social learning style reveals that the p-value is more than 0.05; the null hypotheses accept at 5 per cent level of significance. It is concluded that there is no significant difference between gender and aural learning style (F=1.074; p>0.05).

It is shows that the above table solitary learning style reveal that the p-value is more than 0.05; the null hypotheses accept at 5 per cent level of significance. It is concluded that there is no significant difference between gender and aural learning style (F=2.226; p>0.05).

DISCUSSION AND CONCLUSION

In the research it is seen that determine brain dominance and learning style of engineering college students and reveal the relations between them. The majority 338 respondents are male category (67.6%) are using their right brain dominance. The majority of students are (68.4%) EEE students. The majority of EEE department students were using left brain dominance at 31 per cent. According to this results obtained from there is a significant difference between gender and brain dominance and on other hand there is a significant difference between gender and department, in these mean while there is no significant difference between department and brain dominance. The One way finds the results that there is no significant difference between gender and learning styles.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

Broca, P, (1861) "*Remarques sur le siége de la faculté du language articulé, suivies d'une observation d'aphémie (perte de la parole)*". Bulletin de la Society Anatomique, 6, pp. 330–357.

C R Kothari and Gaurav Garg, (2014) "*Research Methodology: Methods and Techniques*", New Age International (P) Limited, Publishers, New Delhi. ISBN: 978-81-224-3623-5.

Dr. S.P. Gupta, (2014) *"Statistical Methods"*, Sultan Chand & Sons, New Delhi. ISBN: 978-93-161-028-1.

Herrmann, (2003) "The Herrmann Brain Dominance Instrument (HBDI)", *Herrmann International Journal.* (Online).

Honey, P. & Mumford, A, (2000) *"The learning styles helper's guide"*, Maidenhead: Peter Honey Publications Ltd.

James B. Cunningham and James O. Aldrich, (2012) *"Using SPSS: An Interactive Hands – on Approach"*, Sage Publications' India Pvt. Ltd., New Delhi. ISBN: 978-81-321-1016-3.

Kemal Özgena, Berna Tataroglua, Hüseyin Alkana, (2011) "An examination of brain dominance and learning styles of pre-service mathematics teachers", *Procedia Social and Behavioral Sciences* 15 (2011) pp. 743–750

McCarthy, B., Germain, C.S., & Lippitt, L, (2006) *"The 4MAT research guide, reviews of Literature on individual differences and hemispheric specialization and their influence on Learning"*, Illinois: About Learning Incorporated.

Riad S. Aisami, (2015) "Learning styles and visual literacy for learning and performance", *Procedia - Social and Behavioral Sciences* 176, pp 538 – 545.

Solso, R.L., Maclin, M.K., & Maclin, O.H. (2007) *"Bilissel psikoloji"* (Çev. A. Ayçiçegi-Dinn). Istanbul: Kitabevi.

Robert H. Carver and Jane Gradwohl Nash, (2011) *"Data Analysis with SPSS- Version 16"*, Cengage Learning India Private Limited, New Delhi. ISBN: 13: 978-81-315-1205-0.

How to cite this article: Gomathi A, Krishna K (2017), Brain's Hemisphere Lateralization and Learning Styles in Engineering Education, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.182/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.183/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Career Profile, Continuing Professional Training and Motivation in BICICI Employees

Tombezoogo Sylvestre Innocent[1], Loba Saga Bernard[2]*, Yao René Yao[3], Kassi Jean –Fréjus[4]

ABSTRACT

The purpose of this study is to examine the influence of career and continuing professional training on work motivation among BICICI employees. To achieve this, a sociological survey was carried out among 221 workers in this banking structure. These workers were selected using the probabilistic method. The method of data collection in the field was carried out by means of a questionnaire comprising essentially four axes. The chi-square statistical test was used to process the collected data. This treatment resulted in two levels of outcomes. One reveals that the career profile determines the motivation to work in the study subjects. The other shows that the motivation at work of the respondents depends on continuing vocational training. Herzberg's bifactorial theory and Becker's human capital assisted in interpreting these results.

Keywords: *Career Profile, Continuing Vocational Training, Motivation, Employees.*

In the context of globalization and the accelerated development of information and communication technologies, the competitiveness of companies relies more and more on their knowledge but also on their capacity to innovate. Indeed, product and technology innovation and the renewal of knowledge contribute to increased competition between firms.

To cope with this tough competition, work patterns are constantly being revised to allow flexibility for the development of knowledge and innovation. Project teams are among the preferred forms of work organization. This rapid evolution from work organization to project teams has helped to strengthen certain requirements for employees.

[1] Institute Universitaire d'Abidjan, Département de l'Administration des affaires, Cocody
[2] Department of Psychology, Félix Houphouët BOIGNY University of Abidjan - Cocody
[3] Department of Psychology, Félix Houphouët BOIGNY University of Abidjan - Cocody
[4] Institute Universitaire d'Abidjan, Département de l' Administration des affaires, Cocody
*Responding Author

Received: February 13, 2017; Revision Received: March 27, 2017; Accepted: March 30, 2017

© 2017 Innocent T, Bernard L, Yao Y, Fréjus K; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

From now on, the motivation of these to use their creativity and to deploy efforts depends on the success of the organization. It is therefore a matter for human resources managers to find the most effective strategies likely to create and maintain the continuous motivation of employees. These, in fact, tend to work better and better only when they are motivated. In this respect, motivation at work remains a central issue at the heart of the management and management sciences of organizations, especially since without quality human resources and motivated, the organization is not able to achieve its objectives (Paul and Susan, 1996). Thus, justify the many practices that are implemented by managers to motivate employees to trigger exemplary behaviors at work.

Unfortunately, in the case of BICICI, it has been observed that in many workers the behavior is rather counterproductive. These are summarized in a chronic lack of punctuality, abusive requests for leave of absence, assignment or reassignment, departures to competition, etc. Obviously, these behaviors, which are not far from posing a problem of motivation at work among the agents of this bank, have their roots in certain facts that have attracted our attention. First, we noticed that most of the people in the human resources department do not have a degree in this area. For example, the person in charge of the training is graduated from a BTS in accounting and an ITB. For their part, those responsible for individual management and collective management are each graduated with a Master's degree in law. The Director of Human Resources, for her part, is a specialist in the analysis of financial risks.

Second, most assignments within the bank are not necessarily based on degrees. They are often carried out unilaterally when, above all, they are the strategic positions of the company. For example, a computer engineer or an accounting engineer can become a private or professional client advisor following short-term training.

Third, it is difficult for employees who do not have the framework level to evolve in their respective careers. They are thus obliged to undergo a specialized training of the bank in order to obtain the diploma of ITB delivered by a training establishment recognized by all the banks of Côte d'Ivoire. Where appropriate, their mobility is only horizontal.

Considering the above, it has been interesting to ask a number of questions. Making an employee work in a field other than his initial training can’t lead him to demotivation, especially when he does not frequently benefit from capacity building sessions? Knowing that, apart from a master's degree, one can’t be mobile vertically can it not be a brake on the motivation of employees? It is the analysis of all these concerns that underlies the choice of our research topic.

However, for a broad understanding of this subject and to show somewhat its originality, a literature review of the determinants of motivation at work deserves to be made. Generally, the

work carried out so far allows to define four major groups of factors explaining the phenomenon. These are economic, social, psychological and organizational factors.

The economic determinants relate to remuneration, that is to say, financial rewards. At this level, Taylor (1911) carries out a study and concludes that the pecuniary reward through the individualization of remuneration and the performance bonus leads to the involvement of employees. It starts from the postulate that man is a rational being whose objective is to have a wage to satisfy his needs. For him, it is essentially the economic motivation that leads the employee to invest more in his work. Moreover, he maintains that it is enough to tie the wage of the worker as closely as possible to his production in order to hope to increase his motivation. It is in this sense that he advocates performance pay.

Recently, in their studies comparing the links between compensation, motivation and satisfaction of executives and non-executives, Igalen and Roussel (1998) show that remuneration is a determining factor in the motivation of workers in each category cited. They point out that individual remuneration is a motivating factor for employees and that this leads to a wage increase and not a premium.

Social determinants, on the other hand, deal with the social behavior of individuals at work and interpersonal relationships. In this perspective, in disagreement with the mechanistic view of work, Mayo (1945) highlights the importance of the social climate on motivation at work among his subjects of study. It demonstrates that a worker's motivation depends on his social need for a relationship, his sense of being well-treated and recognized in the company, and his sense of belonging to a group.

As for the psychological determinants, these take into account the personality and the psychic traits of each person in the explanation of the motivation to work. Studies in this field are very interesting. Levy-Leboyer (1993), for example, is interested in self-image as a determinant of motivation. She argues that if the worker perceives that her efforts are unsuccessful, she will not be predisposed to do more to increase her performance.

Brandsma (1998), on the other hand, states that the acquired competence of the individual influences the motivation of the employee to work. Indeed, the increase in the spirit of analysis and the acquisition of new techniques make the employee more aware of his work and become more involved. They are therefore indicators of motivation at work.

Boisvert and Paradis (2008), in a study conducted on all students at Cégep Saint-Jean-sur-Richelieu, highlight several psychological factors of work motivation in an individual. It enumerates the perception of the value of an activity, the perception of its motivations to perform

an activity, the perception of the controllability of an activity and the perception of one's own motivation.

At the level of the organizational determinants, Coch and French in Francès (1995), in their studies on the workers of a company that manufacture body linen, affirm that participation in the decision constitutes a motivating factor for these workers. Gharib (2006), in his study of 25% of the 56 Francophone schools in Beirut and 12 heads of schools, reveals that managerial style is an important factor in motivating teachers. Finally, in his study of about 30 Canadian companies, Fall (2014) highlights the influence of goal accuracy, performance feedback and organizational justice on motivation to indicate that managers should act In priority to these levers to encourage employees to make efforts at work.

In total, it can be argued from this literature review that motivation at work is polydetermined. Therefore, without pretending to examine all the factors likely to explain it, we limited ourselves in this research to two specific variables. These concern the career profile and continuing professional training.

Indeed, if a career profile is defined as the horizontal and vertical mobility project that the company proposes to its employees in order to offer them the opportunity to climb the ladder in the course of their activities, it is clear that this is one of the aspirations of every worker. The reason is that no ambitious worker would like to keep or keep a workstation deemed inferior for several years without ever or rarely benefiting from promotion. Therefore, it is not exaggerated to suspect the existence of a relationship between career profile and motivation at work in individuals.

Similarly, if we mean continuing professional training, all the theoretical and practical lessons given to an employee with the aim of updating or reconverting his competences for the practice of a trade, it appears that the latter is one of the ambitions of every worker. Indeed, in the age of modernizing work, no worker would like not only to be unaware of the evolution of working methods but also to accept the lack of skills or abilities that will enable him to acquire a status Higher within the company. Therefore, we can assume that there is a link between continuing professional training and employee motivation at work.

The choice of these two variables is also supported by the bifactorial theory of Herzberg (1971) and that of Becker's (1964) human capital. The first theory is thus called because it is based on two categories of factors of need: "driving factors" which are factors intrinsic to individuals and "factors of hygiene" which are factors extrinsic to individuals. The driving factors relate to the actual content of the work while the hygiene factors refer to the working environment. In his theory, the author relates motivations and satisfactions to work. He uses a basic postulate common to all theories of need: the lack of satisfaction of need is a source of motivation. For

him, the motivation must be close to the content of tasks, success, independence, autonomy but also promotion.

In the second theory, Becker (op.cit.) considers that training expenditure helps to build human capital in the same way as business investment spending leads to the creation of physical capital. Thus, companies must devote a percentage of their wage bill to the financing of the training of their employees, since the purpose is to increase or supplement the knowledge of the staff in order to make them suitable.

If workers value these two needs, we can expect, in the light of these theories that their lack of satisfaction leads to a certain frustration and a decrease in the motivation of the latter. These theoretical models allow us to formulate the following working hypotheses:

***Hypothesis 1*:** Employees who have had a career profile in their department are more motivated at work than their counterparts who did not.

***Hypothesis 2*:** Workers who regularly receive continuing professional training (at least three out of five) in the course of their work are more motivated at work than their colleagues who benefit irregularly (maximum two out of five).

These hypotheses deserve to be verified in the remainder of our work. It is at this level that the methodological approach comes into play.

METHODOLOGY

In this study, two categories of variables emerge from the above hypotheses. These are the independent variables and the dependent variable. The independent variables relate to the career profile and continuing professional training. Motivation is the dependent variable.

The career profile designates the horizontal and vertical mobility project that the company offers its employees. It is therefore a qualitative variable with two distinct modalities: a worker with a career profile or not.

Continuing professional training refers to all learning activities aimed at enriching and / or extending the skills of a worker in relation to his workplace. Of a qualitative nature, it accepts two modalities. Either the employee regularly benefits from continuing professional training (minimum three out of five) or benefits irregularly (maximum two out of five).

Motivation is understood as the set of observable reactions displayed by the employee and which testify to his effort and his taste for work. This variable which is qualitative dichotomizes in more motivated and less motivated. An employee is qualified to be more motivated when he displays a certain number of positive professional behaviors such as punctuality, assiduity, efficiency and efficiency at work. On the other hand, he is said to be less motivated if he displays

behaviors criticized by his superior, including delay, unjustified and recurring absence, inefficiency and inefficiency at work.

The study population is made up of all BICICI workers. These number 541 and are distributed as follows:

Table I: Number by Category and Gender

Categories	Men	Women	Total	Percentages
Headrests	16	3	19	3,51%
Executives	137	110	247	45,66%
Foremen	85	166	251	46,40%
Employees	11	13	24	4,44%
	249	292	541	100%

Source: (BICICI HRD, June 2015)

However, it should be noted that in order to constitute our sample, we opted for the probabilistic method. This allows each worker to have a non-zero probability of belonging to the sample. This is called the random method. It was made possible thanks to the database of all BICICI workers put at our disposal. Ultimately, 221 workers were selected as subjects of the study. A questionnaire was submitted to these workers. It is structured around four main axes. Axis 1 focuses on socio-demographic characteristics such as gender, age, level of education, professional qualifications and seniority in work. Axis 2 surveys the career profile and axis 3 continuing professional training. Axis 4 is a scale for measuring work motivation.

Information was collected on site. Assisted by four (4) trainees with a briefing note from the BICICI HRD, we traveled through the various departments and agencies concerned. The administration of the questionnaire took place over a week. It has yielded data. These have been addressed and have resulted in two key outcomes.

RESULTS

1. Career Profile and Employee Motivation of BICICI Employees

The statistical treatment of the various data makes it possible to isolate the table below:

Table II: Distribution of subjects according to career profile and motivation at work

	More motivated	Less motivated	Total
Employees with a career profile	86	23	109
Employees who did not have a career profile	65	47	112
TOTAL	151	70	221

The analysis of the table reveals that at the probability threshold of .05 and at 1 degree of freedom, the calculated chi-square (12,18) is strictly greater than the chi-square readed (0,45). The null hypothesis is therefore rejected in favor of the alternative hypothesis. The career profile

thus induces a significant difference in the motivation of BICICI workers. In other words, BICICI employees who have had a career profile in the performance of their duties are more motivated at work than those who did not.

This result can be explained by the fact that the human being is an ambitious being. It constantly feeds the desire to reach higher levels deemed more satisfied with the current level in which it finds itself. To achieve this, he does not hesitate to mobilize all his resources and to make every effort. Thus it is possible to understand all its motivation to work unremittingly to achieve the goal that it sets itself in the professional framework.

This motivation is reinforced, especially when the worker has benefited or is promoted in his service. In this case, the moral duty of recognition vis-à-vis the hierarchical superior obliges him to develop and maintain his motivation at work. Similarly, the desire to confirm to his colleagues and department heads his merit in relation to the position held leads him to implement a set of productive behaviors at work. Also, from the perspective of trying to climb other levels as it says "there are never two without three" or "the appetite comes by eating", the promoted employee will be more motivated to work hoping Obtain another appointment.

The theory of the two factors of Herzberg (1971) mentioned above helps to shed light on this result. Indeed, according to this theory, the career profile or promotion system is a motivating factor at work. As a result, an employee who benefits from a professional ascension in the performance of his duties will be motivated to work contrary to another who does not or does not enjoy this privilege. In the latter, we note a reduction in motivation characterized by delays in work, a problem of attendance, a low involvement in work, and so on.

2. Continuing vocational training and work motivation of BICICI employees

Chi-square has been applied to the table below:

Table III: Distribution of subjects according to continuing professional training and motivation.

	More motivated	**Less motivated**	**Total**
Employees regularly receiving continuing professional training	119	38	157
Employees receiving irregular continuing professional training	32	32	64
TOTAL	151	70	221

At the probability threshold of .05 and 1 degree of freedom, the calculated chi-square (13.57) is strictly greater than the chi-square readed (0.45). Continuing professional training induces a significant difference in the motivation of BICICI workers. More specifically, workers who regularly receive continuing professional training are more motivated at work than those who benefit irregularly.

The explanation for such a result is that continuing professional training is a learning modality aimed at acquiring, enriching or expanding a worker's skills in order to enable him to perform his work effectively. Its purpose is to put at the disposal of the worker new professional skills, one understands therefore in this one his strong motivation displayed at work. The employee expresses this strong desire to go to the service in order to put into practice his new acquisitions received during the training. This may have the advantage of allowing him to be comfortable in the exercise of his duties so as to experience pleasure in working. Faced with certain constraints or professional difficulties, he can draw from his expertise, new methods of work learned to solve them. The work can thus be perceived as interesting, less tedious and pleasant to perform.

In contrast, a lack of training or continuing professional training that occurs irregularly may cause the employee to feel uncomfortable with his work. He may suffer from laxity in performing tasks routinely, especially with methods of work that are not constantly updated or updated. The monotony of doing the same can take away from the job its enriching aspect and leads the employee to be less motivated to accomplish it.

All this attempt at explanation is summarized by Becker (1964) in his theory of human capital. For this author, the human capital which designates all the knowledge learned by the individual increases its productive efficiency. The aim of training is to increase or supplement the worker's knowledge, making him more able to work and thus increase his motivation at work.

DISCUSSION

The results of the study were twofold. The first reveals that BICICI employees who have had a career profile are more motivated at work than those who did not. This result is supported by that reported by Levy-Leboyer (1993) for whom self-image is a determinant of motivation. She concludes that if the worker perceives that his efforts are unsuccessful, he will not be predisposed to do more to increase her performance. In perspective, the image of self is the need that every employee seeks to satisfy by wanting to evolve in his career. Thus, the existence of the career profile makes it possible to ensure the satisfaction of the esteem sought in a staggered manner, which drives him to have a positive behavior at work.

At the same time, Minkoulou (2006), in his study on Guinness Cameroon, notes that loyalty is a factor of performance at work. Among the indicators of loyalty, it identifies the career profile which, according to him, allows weaving a psychological contract with the company. He says that an employee's loyalty is a reflection of his motivation. Thus, an employee with a career profile is aware of his or her future within the company and its opportunities for advancement. The career profile thus becomes a tool of employee loyalty, because it motivates them to remain in the company to evolve.

In his study of about 30 Canadian companies, Fall (2014) highlights the influence of goal accuracy, performance feedback and organizational justice on motivation. He said that managers should give priority to these levers to encourage employees to make efforts at work. However, we believe that the career profile is part of one of these levers insofar as it represents an objective in itself for any ambitious worker. When it is developed, accurate and communicated to the employee, the employee is more likely to make greater efforts to achieve it.

The second result indicates that BICICI employees who have regularly received continuing training are more motivated at work than those who have benefited from it on an irregular basis. This result is consistent with the findings of the study conducted by Kouadiani (2011). In her analysis, this author shows that employees who were trained regularly in the course of their work felt important in their service and were aware of the value of their presence in the company. They thus demonstrate a strong motivation to achieve the objectives of the company.

Similarly, Levy-Leboyer (1993) argues that continuing professional training allows the employee to have unique skills and, at the same time, to enhance his or her self-image among colleagues. Aware of the authenticity of his skills and his indispensability to accomplish certain tasks within the company, he ends up acquiring a high self-esteem. This increases her motivation at work to the point of seeking to show more the full extent of her technical and professional skills.

For its part, Brandsma (1998) argues that the competence acquired by an employee following a training received influences his motivation at work. He argues that an increase in the analytical mind and the acquisition of new techniques make the employee more aware of his work and become more involved. In this sense, continuing professional training is a factor of motivation.

In view of these results, it is desirable that managers of BICICI integrate these two levers of organizational performance into the management and motivation policy of their staff. At a time of accelerated globalization where inter-organizational competition is at an exponential level, it is the duty of business leaders to initiate or organize frequent capacity building sessions for their employees. In such cases, they may be disempowered and out of phase with new methods or techniques of work. They may eventually become "prisoners" of demotivation at work. It is also necessary to ensure that opportunities for advancement in different roles are real in the company and encourage them to work in this direction.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

Becker, G. (1964). Human Capital. New York, Columbia University Press.

Boisvert, J. et Paradis, J. (2008). La motivation chez les garçons et filles en Sciences humaines au collégial. *Rapport PAREA*, CEGEP Saint-Jean –sur-Richelieu.

Brandsma, J. 1998. Financement de l'éducation et de la formation tout au long de la vie: problèmes clés. *Formation professionnelle*, *Revue Européenne*, Vol.14, 1-6.

Fall, A. (2014). Justice organisationnelle, reconnaissance au travail et motivation intrinsèque : résultats d'une étude empirique. *Relations industrielles*, vol. 69, n°4, pp. 709-731.

Francès, R. (1995). *Motivation et efficience au travail*. Bruxelle, Mardaga.

Gharib, Y. (2006). Effet du style de direction sur la motivation des enseignants. *Cours de master de recherche en Sciences de l'éducation*, Université Saint Joseph.

Herzberg, F. (1971). *Le travail et la nature de l'homme*. Paris, EME.

Igalen, J. et Roussel, P. (1998). *Méthodes de recherche en gestion des Ressources Humaines*. Paris, Economia.

Kouadiani, M. (2011). La fonction formation dans les entreprises en Côte d'Ivoire : état des lieux et recommandations. *Mémoire de DESS en économie du travail et des Ressources Humaines*, Université d'Abidjan Cocody.

Levy-Leboyer, C. (1993). *La crise des motivations.* Paris, PUF.

Mayo, E. (1945). The Social problems of an industrial civilization, Harvard Business School.

Minkoulou, G. Y. (2006). Fidélisation du personnel et performance de l'entreprise : une application au personnel d'encadrement de Guinness Cameroun S.A. *Mémoire de DEA en Sciences de gestion*, Université de Yaoundé II.

Paul, P. B. et Susan M. N. (1996).The intrinsically motivated. Nurse: help and hindrance from evaluation feedback sessions. *Journal of Nursing Administration*, vol. 26, n° 7, pp.19-26.

Taylor, F. W. (1911). *Principles of scientific management.* New York, Harper.

How to cite this article: Innocent T, Bernard L, Yao Y, Fréjus K (2017), Career Profile, Continuing Professional Training and Motivation in BICICI Employees, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.183/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.184/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Meditation and Locus of Control in Relation to Altitude

Capt(ex) Deepika Chamoli[1]*, Dr Rita Kumar[2], Prof. (Dr.) Abha Singh[3]

ABSTRACT

The present study analyses the effect of meditation on locus of control of two groups(regular practitioners of meditation and non meditators) at two different altitudes (2535ft and 13500ft above sea level). The two groups comprised of Buddhist monks/Regular practitioners of meditation) and some locals in Yol Cantt (2535ft) and Lamayuru (13500ft). In the study it has been hypothesized that group one (Buddhist monks/Regular practitioners of meditation) at both the altitudes are inclined towards internal locus of control (internalism) whereas the second group is more inclined towards external locus of control (externalism). Total 100 individuals, 25 monks and 25 laymen from both areas were assessed by administering Rotter's locus of control scale. Self-reported responses of the subjects were recorded, scored and subjected to 't'test analysis. It was established that group practicing regular meditation (monks) is more inclined towards internal locus of control. The study has suggested that the individual practicing meditation at both the altitudes have more inclination towards internal locus of control and non regular practitioner have also shown inclination towards internal locus of control at higher altitude. Subjects who are following some religious practices, creative art etc. also have more of internalism. Internalism is also more prevalent in high altitude.

Keywords: *Rotter's Locus Of Control Scale, Bar Graph, Internal And External Locus Of Control*

Locus of control is an important part in personality psychology and an important personality trait that explains the extent to which an individual can control his life events. This concept was developed by Rotter in 1954. A person's locus of control can be conceptualized as internal or external, based on his belief that he can control the events in his life or some external force is responsible for the same. Individual with high internal locus of control believes that events in his life derive primarily from their own actions; for example, if a person with an internal locus of control does not perform well, as he wanted to on a test, he would blame it on lack of preparedness on his part. If he had performed well on a test, he would attribute this to the ability

[1] Phd scholar, AIPS, Amity University, Noida, India
[2] Associate professor, AIPS, Amity University Noida, India
[3] Director, AIPS, Amity University Noida, India
*Responding Author

Received: January 31, 2017; Revision Received: March 27, 2017; Accepted: March 30, 2017

© 2017 Chamoli D, Kumar R Abha Singh; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

to study. People who have external locus of control believe that many things that happen in their lives are out of their control. They believe that their own actions are the result of external factors that are beyond their control.

Di Nardo (1979), found that those who have internal locus of control encounter less number of intruding thoughts and have better self control. Locus of control also enhances self efficacy and it has been revealed from the study of Smith**, R.E. (1989)**.**Angela C. (2005)** conducted a study on locus of control and self efficacy revealing the fact that internal locus of control predicts the neuro-endocrine cortisol response to stress. Meditation has been practiced since antiquity as a component of numerous religious traditions and beliefs. Meditation often involves an internal effort for self regulating mind. A number of studies have been done meditation and its impact on different parts of the brain.

Nayak. D. R (2013) studied the impact of meditation on alienation and locus of control in IT professionals. The level of alienation was reduced in IT professionals. Meditation is often used to clear the mind and ease many health issues, such as high blood pressure, depression, anxiety etc. Hence there is a strong relation between meditation and locus of control.

Leland St. Charles (2010) studies the relationship between four theoretically related but distinct concepts- mindfulness, self compassion, self efficacy and locus of control. The study was successful in establishing an empirical support to the theoritical relationship between mindfulness and self compassion. All the correlations between the four constructs were significant.

Objective

1. To study the effect of meditation on the locus of control in regular practitioners of meditation (Buddhist monks) with laymen/ non mediators at two altitudes.
2. To study the effect of meditation on locus of control of regular practitioners at both high and low altitude

Hypothesis

1. There will be significant difference between the regular practitioners of meditation and non practitioners in relation to locus of control at different altitudes.
2. There will be significant difference in the locus of control of regular practitioners of meditation at both the altitude.

METHOD

Sample

The sample has been collected from Gyoto Monastery Yol cantt and lamayuru monastery Ladakh. 25 mediators (Buddhist monks) and 25laymen are assessed at each place by using Rotter's Scale.

Inclusion Criteria*:*

1. Age group between the 25-50 years.
2. More than five years of mediation has been taken into consideration.
3. For Non meditators- locals from different profession were assessed.

Exclusion Criteria:

1. Below five years of meditation period is not considered for group one.

2. Below 25 years of age is not considered.

Sample size:

100 subjects (50monks and 50layperson)

25 monks and 25 laymen are taken at each place for study

Location*:*

Dharamshala, Himanchal Pradesh, Lamayuru Ladakh.

Tool Used*:*

Rotter's locus of control scale

- About: This scale is a measure of control beliefs. There are 29 Items.
- Reliability: Internal consistency estimates for Rotter's Locus of Control Scale ranged between 0.65 and 0.79.
- Test-retest reliability estimates for Rotter's Locus of Control Scale ranged between 0.49 and 0.83 Validity: Correlation with the Marlowe-Crowne Social Desirability Scale ranged between -0.41 and -0.12
- A higher score = External Locus of Control
- A lower score = Internal Locus of Control

Measure

Locus of control for both regular practitioner of meditation and non meditators were assessed at two altitudes by using Rotter's locus of control scale which is the most widely used tool for assessing inclination towards internalism or externalism.

Procedure

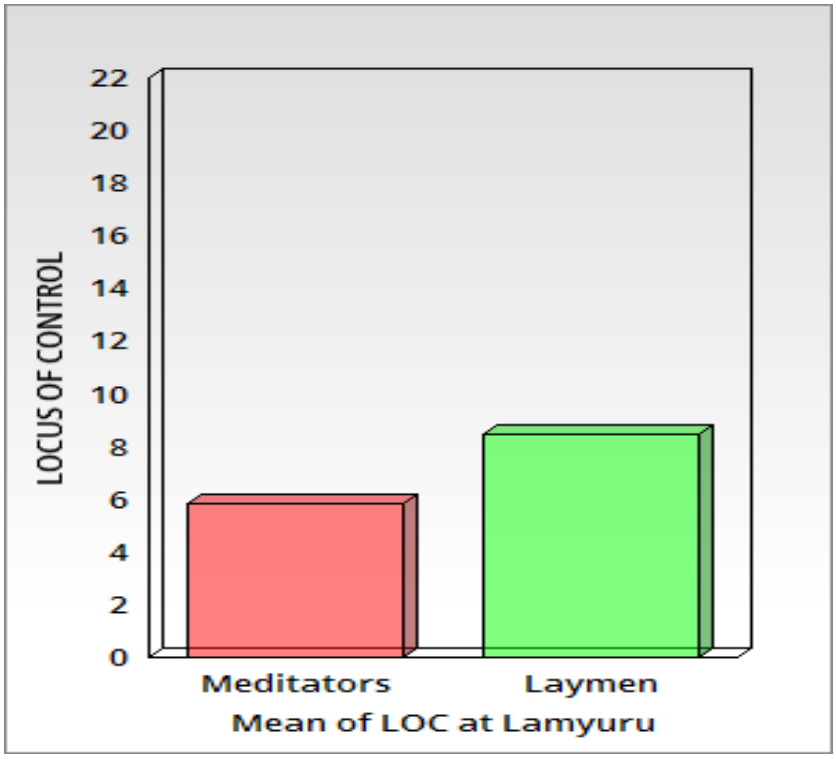
The Buddhist monks with good knowledge of English were taken into consideration and confidentiality was assured. Final sample comprised of 25 regular practitioners Buddhist monks (meditators) 25 laymen (non meditators). The study was done in two areas i.e Dharamshala in Himanchal Pradesh and Leh in Jammu and Kashmir. All the subjects were Indian, Nepalese and Tibetans residing in India. The two groups in both the areas were equally balanced for age, sex and educational level. The two groups were assessed by using Rotter's scale, an established tool consisting of 29 statements (where each statement consists of 2 items (a) and (b)). The data was tabulated and subjected to 't' test and two way ANOVA, to analyze the difference between two groups, as far as locus of control is concerned. A total of 100 Rotter's locus of control scale were utilized in the test.

RESULT

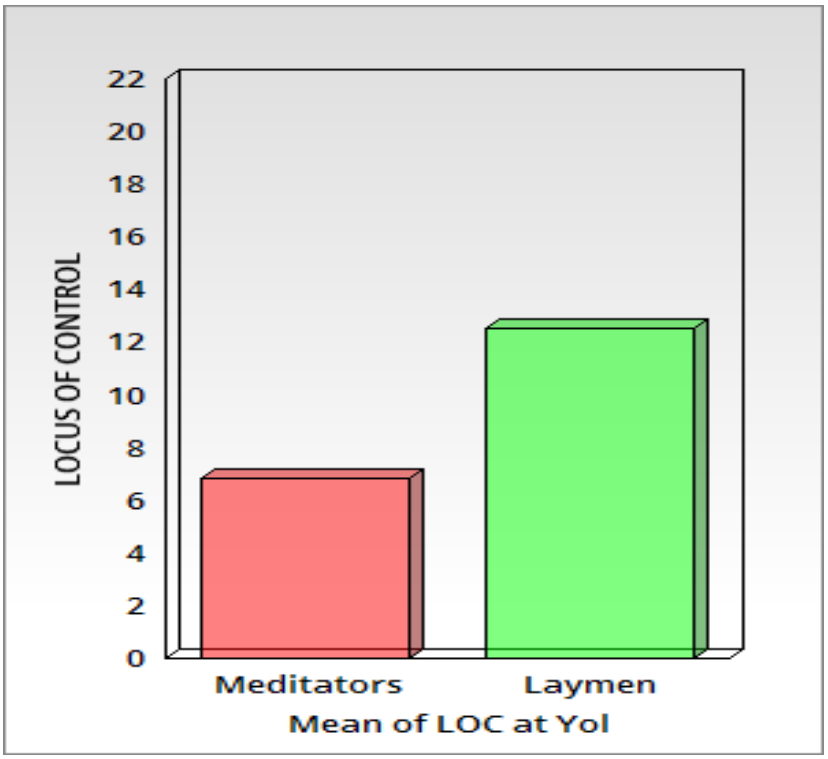
Table 1, 't'-Test Analysis of Locus of control in practitioners and non practitioners

Groups	**Mean of locus of control**		**SD of locus of control**	**"t" values**	**'p'value**
	LOC	**Interpretation**			
Regular practitioners of mediation in Lamayuru (13500ft)	5.82	Internal Locus of control	1.35	4.0767	P=0.0002 p<0.05
Laymen in Lamayuru(13500ft	8.48	Internal Locus of control	2.97		
Regular practitioner of mediation in Yol(2535ft)	6.84	Internal Locus of control	1.65	1.7203	p=0.0918 p<0.05
Laymen in Yol (2535ft)	12.52	External Locus of control	2.86		

To analyze the data statistically, t-test has been used. Results of analyses are given in Table-1. "t" test analysis was done to explore the difference between the locus of control among meditators and non meditators at both the altitudes. In Rotter's locus of control scale since the minimum score is 0 and maximum is 23 therefore 11.5 is taken as the median point of the scores. The tabulated values show that the locus of control of regular meditators of Gyoto monastery, Yol cantt (M=6.84) is more inclined towards internalism in comparison to laymen (M=12.52) who are inclined towards externalism and the difference found to be significant (t= 1.720, p =0.0918 i.e p<0.05). The table1 also shows that the monks at high altitude in Lamayuru have inclination towards internalism (M=5.82) and the laymen are also inclined towards internalism (M=8.48) and hence the difference is significant (t=4.0767, p-0.0002). LOC of Meditators and Laymen in Lamayuru.



LOC of Meditators and Laymen in Yol



LOC of Meditators and Laymen at both Lamayuru and Yol

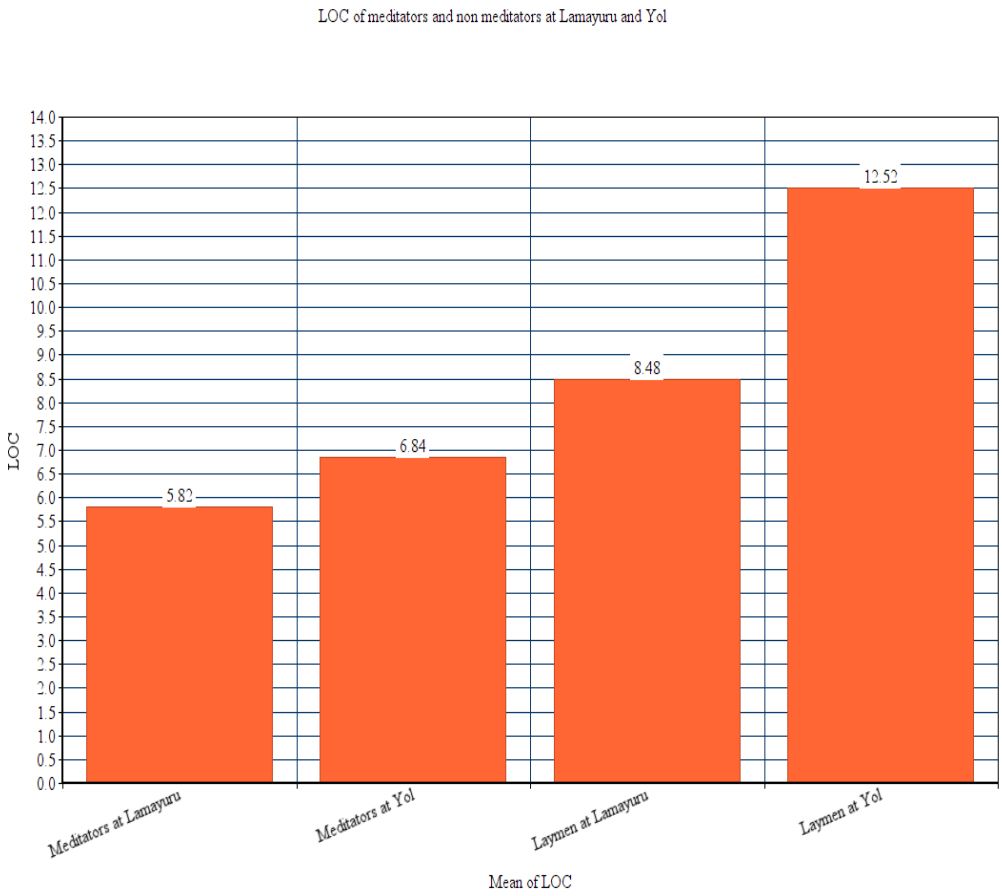


Table 2

Groups	t test	'p'values
Regular practitioners of meditation in Lamayuru (13500ft)	4.0767	P=0.0002
Laymen in Lamayuru (13500ft)		
Regular practitioner of meditation in Yol(2535ft)	1.7203	p=0.0918
Laymen in Yol (2535ft)		
Regular practitioners of meditation in Lamayuru (13500ft)	2.3922	p=0.0207
Regular practitioner of meditation in Yol (2535ft)		
Laymen in Lamayuru (13500ft)	4.8991	p<0.0001
Laymen in Yol (2535ft)		

Table 3, Table for two way ANOVA values

F	Calculated value	'p' value	Interpretation
F for Altitude	51.39	6.91	Significant
F for Meditation	143.68	6.91	Significant
F for interaction	19.50	6.91	Significant

The tabulated value in Table 2 reveals a significant difference between the regular practitioners of meditation in Lamayuru and Yol Cantt (t=2.3922, p=.0207,p<0.05). Hence the monks at high altitude have more inclination towards internalism than the monks or regular practitioners at low altitude. It also clears the fact that Laymen in Lamayuru are more inclined towards internalism as compared to laymen in Yol who have more inclination towards externalism and hence there is a significant difference between the two(1=4.8991,p<0.0001).The two way ANOVA shows that the locus of control has a significant relationship with altitude and meditation. Table 3 shows a significant relationship (F=6.91) for interaction. The F value for altitude (F=51.39) and meditation (F=143.68) also shows a significant relationship. Hence meditation has greater impact of locus of control than altitude although altitude is also affecting locus of control positively.

DISCUSSION

To study the effect of meditation on the locus of control in regular practitioners of meditation(Buddhist monks) with laymen/ non meditator, two group of 25 each were assessed and analysed (one who are daily practitioners of meditation and non practitioners). The study was conducted at two different altitudes. Rotter's locus of control scale was used to assess the locus of control. Meditation helps in building internal locus of control in individuals.

The study conducted by **Eric Garland (2009)** revealed the importance of mindfulness in positive appraisal. Author analyzed that positive appraisal is an important component of meaning based coping that enables the individual to adapt successfully in harsh conditions of life and mindfulness meditation helps in positive appraisal. Hence these two are interconnected. This study is a strong support to the current research.

J.C.Smith (1978) studied 20 undergraduates to assess their locus of control and attention while meditation. The study was successful in establishing the fact that students with internal locus of control had increased performance in meditation and vice versa. Hence the meditator group appraises the situation in positive manner, as the hardiness factor increases and individual is able to have internal locus of control because of which they believe that they are the masters of their own destiny.

The results of present study depict that although the locus of control of practitioners and non practitioners in Lamayuru is internal (M=5.82,M=8.48) still they have a significant relationship (t=1.720, p=0.0919). Hence the locus of control of practitioners is more towards internalism than the non practitioners. The locus of control of practitioners in Yol is internal (M=6.84) while that of non practitioners is external(M= 12.52)therefore there is a significant relationship between the groups(t=1.720,p<0.0001). Not only this the meditators in Lamayuru (M=5.82) and Yol(M=6.84) also have a significant relationship(t=2.392, p=0.0207) which shows that altitude plays an important role as far as locus of control is concerned. The laymen in Lamayuru have internal locus(M=8.48) whereas laymen in Yol have external locus of control(M=12.52) which

clarifies that there is a significant relationship between the two (t=4.89,p=0.0001). Laymen in high altitude are more towards internals than the low altitude.

Many studies have been conducted in high altitude saying that the physiological function of the long time meditators do not change in the harsh climatic conditions. Research conducted by **Alex Haney(2006)** on long term meditation practitioners (buddhist tradition and Vedic tradition) established that the subjects had many parallel level of improvement in sensory acuity, perceptual style, cognitive functions indication enhancement in awareness which is going against the normal physiological researches in high altitude. Hence it supports the present research that reveals a good interaction between the altitude (F=51.39) and meditation (143.88) in relation to locus of control. The research also establishes that meditation has a greater impact on locus of control than altitude

It has been found that those laymen who are involved in meditative activities, spiritual practices and creative activities like music dance painting have more inclination towards internal locus of control. Even the research by **Angela C. (2005)** Roddenberry) shows how an individual's self efficacy increases with high inclination towards internalism. The mean of laymen in Lamayuru is 8.48 whereas the mean of laymen in Yol is 12.52(Table 1) which shows that people in high altitude have more inclination towards internalism (F=51.39). It has also been established that those individuals who meditate are more inclined towards internalism (f=143.68) whereas those who are not into meditation or any kind of spiritual activity are more inclined towards externalism. Subjects who are into spiritual practice, musical practice, dancing also have more inclination towards internalism.

It has been found that laymen who are into meditative activities have internal locus of control. They do not believe in destiny rather they have faith on karma theory, whereas laymen who are not into any kind of meditation practice believe in the destiny. They believe that their life events are controlled by external forces. Maximum number of assessed monks, in both the areas fall in between 04-10 score of Rotter's locus of control scale, laymen following meditative activities, fall between 07-19 score on Rotter's locus of control scale whereas laymen who are not following meditative activities fall between15-23.

CONCLUSION

The study was conducted to investigate the under mentioned objectives

1. To study the effect of meditation on the locus of control in regular practitioners of meditation (Buddhist monks) with laymen/ non mediators at two altitudes.
2. To study the effect of meditation on locus of control of regular practitioners at both high and low altitude

Meditation has been accepted as a therapy by many therapist. Therapies like MBSR, MBCT are now used by many psycho therapy centers all over the globe. **Dr Jon Kabat Zinn** has been a

pioneer to device multiple mind training techniques. Meditation is the therapy for many psychological disorders. It can work when other psychotherapies are ruled out of the scene. Present research is an example of how meditation helps in changing the inclination from external locus of control to internal locus of control. Researches reveal that internalism increases self efficacy and hardiness of an individual.

Current research helps in understanding the nature of locus of control inrelation to mediation and altitude. People in high altitude despite of the harsh conditions, believe in themselves and hence they have internal locus of control. It acts a buffer when the individual leaves everything on luck. But luck is the resultant of the karmas; we have done in our past. Hence this study has suggested that meditation helps in changing the locus of control and individual starts believing in his own self.

Acknowledgment

The author would like to thank Lamas at Karmapa (Gyoto) monastery (Yol Cantt, Dharamshala) and Lamayuru monastery (Ladakh) for their useful discussion and support. This work is supported by Lama Choskey Gyaltsan teacher in Kagyu College and monk KunShan, Gyoto monastery, Yol canttwho have helped me a lot in data collection.

Conflict of Interests: The author declared no conflict of interests.

REFERENCE

Abouserie, R. (1994). Sources and levels of stress in relation to locus of control and self-esteem in university students. *Educational Psychology, 14, 323-331*.

AbuSabha, R., & Achterberg, C., (1997). Review of self-efficacy and locus of control for nutrition- and health-related behavior. *Journal of the American Dietetic Association, 97, 1122-1132.*

Alexander, C. N., Langer, E. J, Newman, R. I, Chandler, H. M., & Davies, J. L. (1989). Transcendental meditation, mindfulness, and longevity. *Journal of Personality and Social Psychology, 57, 950-964.*

Di Nardo, PeterA, Raymond, Jayne B(1979). Locus of control and attention during meditation: *Journal of Consulting and Clinical Psychology, Vol 47(6), Dec 1979, 1136-1137.*

Hankey Alex (2006). Studies of Advanced Stages of Meditation in the Tibetan Buddhist and Vedic Traditions. A Comparison of General Changes: Evidence based complement, *alternat med. 513-521.*

Nayak. D Ramyashilpa (2013). *International Journal of Humanities and Social Science Invention, ISSN (Online). 2319 – 7722, ISSN (Print): 2319 – 7714*

Vandervoort, D. J., Luis, P. K., & Hamilton, S. E. (1997). Some correlates of health locus of control among multicultural individuals. *Current Psychology: Development, Learning, Personality, and Social, 16, 167-178.*

Waller, K. V., & Bates, R. C. (1992).Health locus of control and self-efficacy beliefs in a healthy elderly sample. *American Journal of Health Promotion*, 6, 302-309.

Wallston, K. A., Wallston, B. S., & DeVellis, R. (1978). Development of the multidimensional health locus of control scale. *Health Education Monographs, 6, 160-170.*

How to cite this article: Chamoli D, Kumar R, A Singh (2017), Meditation and Locus of Control in Relation to Altitude, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.184/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.185/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

The Study of Mental Health and Mobile Phone Addiction among Adolescences

Borale Yogesh Prabhakar[1]*, Dr. Khalane Shashikant Hari[2]

ABSTRACT

Aim: According to the world health organization, health means the person is not only free from any physical and psychological illness but (s)he should be fit socially too as well as no health without mental health. The present study aimed to investigate the level and difference of mental health and mobile phone addiction among adolescences. ***Methods:*** This study was done on 400 adolescences (200 boy and 200girl students) through random sampling technique. Mithila Mental Health Status Inventory and mobile phone addiction were used to collect data. Data were analyzed by using Mean, S.D, t-test and f-test. ***Results:*** Result proves it there is interaction affect among gender and level of mobile phone addiction in terms of mental health as well as no significant difference in mental health among adolescence between low mobile phone addiction and average mobile phone addiction level.

Keywords: *Mental Health, Mobile Phone Addiction and Adolescences*

Being mentally healthy means feeling a sense of control over one's life, feeling able to make decisions, coping with life's challenges and participating in life in meaningful ways because there is balance in the social, physical, spiritual, economic and mental aspects of life. When people of any cultural background are feeling mentally healthy, they can feel good about themselves most of the time. Traditionally, Aboriginal cultural view of mental health and wellbeing is a balance of the body, mind, emotions and spirit which is maintained through good relationships within oneself, with others, within the community and Creation.

Mental Health is level of psychological well-being our absence of a mental disorder. It is Psychological state o someone who is function at satisfactory level of emotional and behavioural adjustment.

[1] Ph.D. Research Student, Department of Psychology, North Maharashtra University, Jalgaon, Maharashtra, India
[2] Ph.D. Guide, Department of Psychology, North Maharashtra University, Jalgaon, Maharashtra, India
*Responding Author

Received: March 9, 2017; Revision Received: March 27, 2017; Accepted: March 30, 2017

© 2017 Prabhakar Y, Hari K; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

Adolescents are communicating with others via mobile phones, but not in the conventional ways once associated with the telephone using only voice technology .many use mobile phones primarily for text messaging and internet access. Picking up the phone to convey information verbally is not as common as it once was just five years ago. Adolescents may not connect as often to one another or their family on traditional interpersonal levels because of numerous communication options such as text messaging or the internet. Because of the new technology, adolescents have many options that allow them more contact than ever with their parents and peers.

Mobile phones use electromagnetic radiation in the microwave range, which may be believed harmful to human health. On 31st May 2011, WHO confirmed that mobile phone use may represent a long-term health risk, classifying mobile phone radiation as a "carcinogenic hazard" and "possibly carcinogenic to humans" after a team of scientist reviewed peer-review studies on cell phone safety.

The mobile phone is among the most prominent kind of information and communication technology (ICT) and the probably also the one that has shown the most spectacular development during the past few years with regards to technological innovations, social impact and general use by the majority of the population.

The mobile phone is a definite feature of contemporary society. It is a communication device, an aesthetic object and an icon of culture. It has become central to a wide range of activities, transforming family and friendships, work and leisure, the media and communication. The mobile phone is then, arguably , the cultural symbol of the late period, the archetype for an age of accelerated and sweeping social and cultural change, while also a means through which traditional forms of life are assembled and reassembled. while the mobile phone is a global phenomenon, The growth of mobile phones in India and in particular their popularity and use by young people in India has been the object of international and national media attention in the past few years.

Statement of the Problem:

"The Study of Mental Health and Mobile Phone Addiction among Adolescences."

REVIEW OF PREVIOUS RESEARCHERS

The researchers has been reviewed various literature with mental health and mobile phone addiction of adolescences. Many reports of addictive behaviour on the Mobile phone first appeared in popular press citing anecdotal evidence (Rheingold, 1993; O´Neill, 1995). The phenomenon of addictive behaviour was mentioned in the clinical context for the first time by American clinical psychologist Kimberly Young in 1996 (Young, 1998a). From that time on, many experts, particularly in the U.S. (e.g. Scherer, 1997; Suler, 1999; Beard, 2005) and Asian

countries like Taiwan and South Korea (e.g. Chou et al., 2005; Chen &Hsiao, 2000; Kim et al., 2008), have been focusing their attention on this topic. Until today there remain many unanswered questions regarding this phenomenon- the concept of addictive behaviour on the Mobile phone has not been fully developed, and perhaps is still in its infancy (Yang & Tung, 2007). The open question persists as to whether addictive behaviour on the Mobile phone is a disorder itself or whether it is a manifestation of another mental disorder (Grohol, 2005; Mitchell, 2000; Yang & Tung, 2007).

Mental health represents a critical indicator of human development, serves as a key determinant of well-being, quality of life, and hope, has an impact on a range of development outcomes, and is a basis for social stability. The adoption of the *Convention on the Rights of Persons with Disabilities* in 2006 by the United Nations General Assembly provided momentum to highlight the importance of the nexus between disabilities and mental health in the context of human rights, humanitarian activities and in development work. In addition, *the Ministerial Declaration on Implementing the Internationally Agreed Goals and Commitments in Regard to Global Public Health*, in the high-level segment of the substantive session of the Economic and Social Council in July 2009, highlighted the importance of integrating mental health into the implementation of the MDGs and other internationally agreed development goals and commitments, in order to reduce poverty, promote better health, and achieve other development outcomes.

Objectives:

1. To examine the areas of mental health among adolescence.
2. To search the level of mobile phone addiction among adolescence.
3. To examine the interaction between mental health and mobile phone addiction among adolescence.

Hypotheses:

H1- There is no interaction among gender and levels of mobile phone addiction in relation to their mental health.

H2- Low mobile addiction level would have better mental health than average mobile addiction level.

Variables:

IV- Mobile Phone Addiction and Gender

DV- Mental health

RESEARCH METHODS

Sample and data:

The sample for the present study consisted of 400 adolescence, (200 boy and 200 girl students) selected through random sampling technique from Raigad district in Maharashtra.

Groups		
Independent variables		**N**
Gender	Male	200
	Female	200
Mobile Phone Addiction Level	Low	107
	Average	182
	High	111

Data collection tools:

1. **Mithila Mental Health Status Inventory**:- Standardized by Anand Kumar andGiridhar Thakur.
2. **Mobile Phone Addiction Test**:-Developed by Dr. Velayudh Anand and Dr. Srividya.

Statistical Treatment:

The data collected was analysed by Mean and S.D., t-test and f-test was used for hypotheses testing. Statistics were done using SPSS.

Data Analysis and its Interpretation:

The main purpose of the present study was investigating the level and interaction between the mental health and mobile phone addiction of adolescence. For this purpose investigator formulated two different hypotheses. Results are shown in below given tables.

Table-1 Table shows value of interaction among gender and levels of mobile phone addiction in relation to their mental health.

Tests of Between-Subjects Effects					
Dependent Variable: Mental Health					
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Gender	86798.628	1	86798.628	97.495	.000
MPA Level	20078.915	2	10039.458	11.277	.000
Gender * MPA Level	6592.215	2	3296.107	3.702	.026
Error	350772.384	394	890.285		
Total	14153815.000	400			
Corrected Total	491550.938	399			

df (1,394) Significant level 0.05= 3.86, 0.01 = 6.70

df (2,394) Significant level 0.05= 3.02, 0.01 = 4.66

In the above table the researcher has analyzed main and interaction effect. The main effect is the direct effect of independent variable on dependent variable. In the source column the independent variable are listed for determining the main effect one by one.

Independent variable as gender the 'F' value is (1,394) =97.49. The table value of 0.01 is 6.70, which is very smaller than calculated value. Hence, it is concluded that this is significant difference between male and female in terms of their mental health. The main effect of level of mobile phone addiction the 'F' value is (2,394) = 11.27, which is larger than 0.01. Hence, there is significant difference among low, average and high level of mobile addiction about their mental health.

The total interaction effect among gender and level of mobile phone addiction the 'F' value is (2,394) = 3.70, which is significant on 0.05 level. Hence, it is concluded that there is interaction affect among gender and level of mobile phone addiction in terms of mental health and null hypothesis is rejected at 0.01 level of significance as table value is larger than calculated value.

Table-2 Table shows Mean, SD and 't' value of mobile addiction and mental health among adolescence

Area of mental health	Mobile phone addiction level	N	Mean	SD	t
Egocentrism	Low level	107	31.69	4.82	1.46
	Average Level	182	32.52	4.5	
Alienation	Low level	107	32.4	6.96	1.35
	Average level	182	33.56	7.05	
Expression	Low level	107	36.27	8.22	1.34
	Average level	182	37.4	5.98	
Emotional Un stability	Low level	107	36.91	8.92	1.26
	Average level	182	38.24	8.41	
Social Non Conformity	Low level	107	36.62	10.5	1.78
	Average level	182	38.68	8.82	
Total Mental Health	Low level	107	173.9	35	1.65
	Average level	182	180.4	30.4	

df=287, 0.01=2.59, 0.05=1.97 **P < 0.01, *P< 0.05 significant

The table shows difference between the groups of low mobile phone addiction level and average mobile phone addiction level on the various areas of mental health. The obtained 't' value of the ego centrism is 1.46, alienation is 1.35, extraversion is 1.34, emotional un stability is 1.26 and social non conformity is 1.78. In order to be significant at 0.05 level, the minimum required value of 't' is 1.97; since the computed value of 't' is less than what is required to be significant 0.05 level. Therefore, it could be inferred that the difference between the means is not significant. In other words, the difference observed in the means could be attributed to the factor of chance only.

Still in overall mental health there is no significant difference between low mobile phone addiction level and average mobile phone addiction level. The obtained 't' value of these groups is 1.65(**t** (287) = 1.65, p > 0.05). In order to be significant at 0.05, the minimum required value

of 't' is 1.97. While at 0.01 level it is 2.59. Since the obtained value is smaller than what is required to be significant at 0.05 level.

This analysis is showing in the following graph clearly

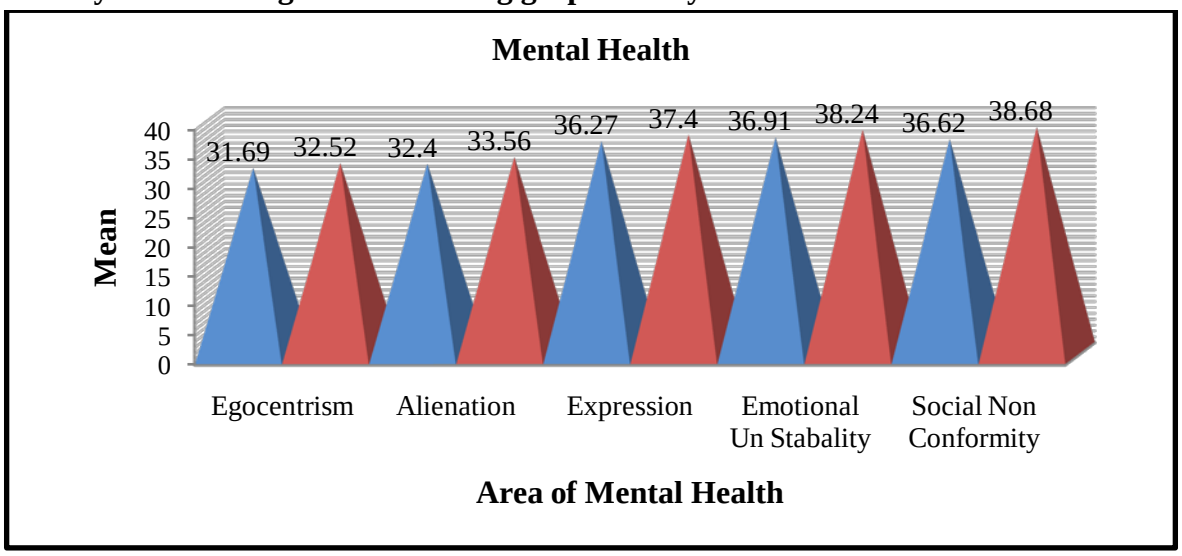


Figure No.1:- Shows mean values for areas of mental health among adolescence

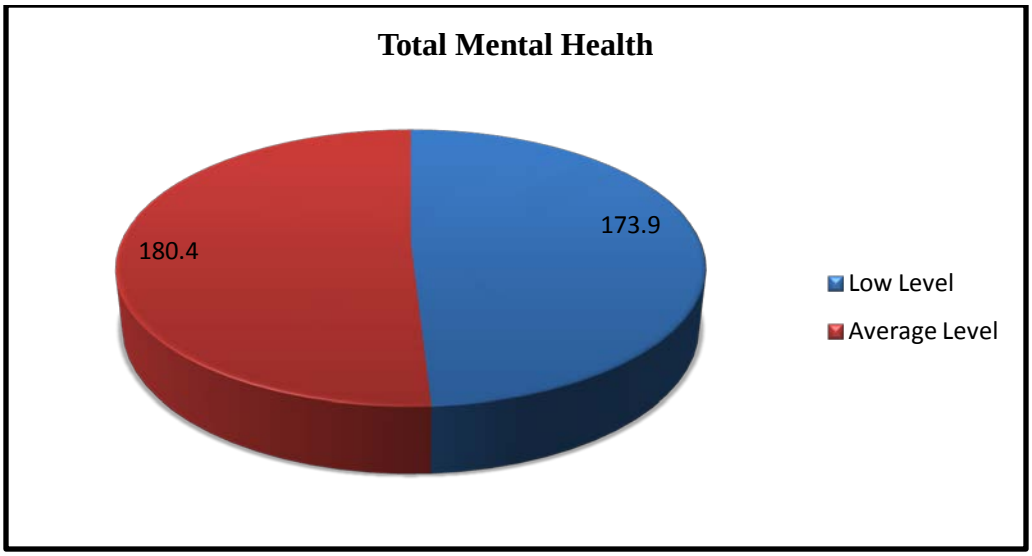


Figure No.2:- Shows mean value of mental health among adolescence

DISCUSSION

The present study focuses on the mental health and mobile phone addiction among adolescence. According to the world health organization, health means the person is not only free from any physical and psychological illness but (s)he should be fit socially too as well as no health without mental health. In the present investigation, mental health is measured using Mithila Mental Health Status Inventory. Alienation, egocentrism, and social non-conformity scales were

included to assess psychiatric and social problems; expression and emotional instability were put to ascertain personality disturbances.

The calculated scores of mental health showed in table no-1 shows value of interaction among gender and levels of mobile phone addiction in relation to their mental health. The main effect is the direct effect of independent variable on dependent variable Independent variable as gender the 'F' value is (1,394) =97.49. The table value of 0.01 is 6.70, which is very smaller than calculated value. Hence, it is concluded that this is significant difference between male and female in terms of their mental health. The main effect of level of mobile phone addiction the 'F' value is (2,394) = 11.27, which is larger than 0.01. Hence, there is significant difference among low, average and high level of mobile addiction about their mental health.

The total interaction effect among gender and level of mobile phone addiction the 'F' value is (2,394) = 3.70, which is significant on 0.05 level. Hence, it is concluded that there is interaction affect among gender and level of mobile phone addiction in terms of mental health and null hypothesis is rejected at 0.01 level of significance as table value is larger than calculated value.
The calculated scores of mental health showed in table no-2. The calculated 't' value of Ego-Centrism, Alienation, and Emotional Un stability are no significant difference among Adolescence. But also The obtained 't' value of the ego centrism is 1.46, alienation is 1.35, extraversion is 1.34, emotional un stability is 1.26 and social non conformity is 1.78. In order to be significant at 0.05 level, the minimum required value of 't' is 1.97; since the computed value of 't' is less than what is required to be significant 0.05 level. Therefore, it could be inferred that the difference between the means is not significant. It indicates that mental health is not merely an absence of mental illness, but it is also the ability to cope with problems in life. A good mental health is essential for leading a good life effectively if he/she is suffering from stresses and strains and is struggling with mental health problems such as depression or unsteady feeling due to social or mental pressure; with poor mental health, one loses overall effectiveness. Mental health is the balance between all aspects of life- social, physical and spiritual aspect of a person. It impacts on how we manage our surroundings and make choices in our lives clearly it is an integral part of our overall health.

CONCLUSION

To sum up, we might conclude that, there is interaction affect among gender and level of mobile phone addiction in terms of mental health as well as no significant difference in mental health among adolescence between low mobile phone addiction and average mobile phone addiction level.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

American Psychiatric Association (2012). *DSM-5 Development.* Retrieved on January 29th 2012 from: http://www.dsm5.org.

Brianna S. Fjeldsoe, BA, Alison L, Marshall Ph D, Yvette D, Miller Ph D. Behavior Changes Interventions delivered by Mobile Telephone Short-Message Services; *American Journal of Preventive Medicine* 2009; 36(2):165-173

Choi K, Son H, Park M, Han J, Kim K, Lee B, Gwak H. *Internet overuse and excessive daytime sleepiness in adolescents:* 2009 Aug;63(4):455-62.doi: 10.1111

Impact of Internet use on self reported behaviour changes, Wikepedia, free encyclopedia; http://www.wikepedia.org

Jose S, Paniyadi N, B Sulochana. *Impact of mobile phone and internet use on self reported behavioural changes among undergraduate students.* Unpublished Masters of Science in nursing dissertation submitted to Manipal University; 2009.

Kelleci M, Inal S, *Psychiatric symptoms in adolescents with Internet use: comparison without use.* 2010 April;13(2):191-4

Krishnan S, Ranganathan S. Deconstructing *'Internet addiction'*. The Hindu 2009 Aug Sunday 30; 4..

Marks, I. (1990). Non-chemical (behaviourial) addictions. *British Journal of Addiction*, 85, 1389–1394.

Marta Beranuy, Ursula Obers, Xavier Carbonella, Ander Chamarro, et.al. Problematic Internal and mobile phone use and clinical symptoms in college students: *The role of emotional intelligence,* 2009 May 17, published by Elseiver Ltd

Mikiyasu Hakoama & Shotaro Hakoyama. The impact of cell phone use on social networking and development among college students; *The American Association of Behavioral and Social Sciences Journal:* 2011, Vol 15

Mobile phone radiation and health, main article Wikipedia, free encyclopedia

Mobile Phone. http://www.wikepedia.org

Priyanka Matanhelia. *Mobile Phone use by Young adults in India: A Case study*; 2010

Psychological effects of Internet use: From Wikipedia, the free encyclopedia; http://www.wikepedia.org

Shu-Sha Angie Guan, Kaveri Subrahmanyam. Youth Internet Use: Risks and opportunities. *Curropin Psychiatry* 2009:22(4):351-356

World Health Organization. (1992). *ICD-10: The ICD-10 Classification of Mental and Behavioural Disorders: Clinical Descriptions and Diagnostic Guidelines*. Geneva, World Health Organization.

Young, K. S. & de Abreu, C. N. (2010) (Eds.) *Internet Addiction: A Handbook and Guide to Evaluation and Treatment.* New Jersey: John Wiley & Sons, Inc.

Zahra Nassiri-Nasrin Hashembeik-Seyed Ali Siadat. *The relationship between type and amount use of mobile phone and personality characteristics of students*. 2012 July, Vol:4, No 3. http//Ijcrb.webs.com

How to cite this article: Prabhakar Y, Hari K (2017), The Study of Mental Health and Mobile Phone Addiction among Adolescences, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.185/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.186/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Study of Psychiatric Morbidity among Health Professionals of Different Groups Using the General Health Questionnaire-28: A Cross-Sectional Study

Dr. Vinod A[1]*, Dr. Shriniwas B Choudhari[2], Dr. Sucheta Waghamare[3], Dr. Rajshri[4], Dr. Khushboo Dewani[5], Shankar Moni[6]

ABSTRACT

Background: Psychological stress is well documented among the health care professionals. An assessment of individuals in this field is warranted for screening of minor psychiatric disorders which impedes their quality of life, adversely affects the patients being treated and adds to the burden of health care costs. ***Aims and Objectives:*** 1. To assess psychiatric morbidity in the different group of health professionals. 2. To compare psychiatric morbidity in government and private set up. ***Materials and Method:*** A sample of 448 health professionals completed the GHQ-28 which comprised of 64 dentists, 64 medicine & allied group, 85 surgery & allied group, 88 pre and Para clinical group , 71 nursing group and 76 medical officers(MO) and program officers(PO) group . Descriptive statistics was used. Frequencies and percentages were calculated and Chi square test was applied to find significant relationship between the variables. ***Results:*** Psychiatric morbidity defined as 'caseness' was present in 41.1% of the sample. The morbidity was maximum in the age group 25-30 (45%) and more among females (45.6%). The group of MO & PO reported highest distress (51.3%) while lowest was reported in the pre and paraclinical group (23.9%). Higher 'caseness' was reported in the government sector (45.8%). The relationship between 'caseness' and occupation was found to be statistically significant. ***Conclusion:*** The Medical officer & Program officer group and nursing group suffer from greater degree of morbidity probably due to increased workload and working environment. Further

[1] M.D, DPM, Assistant Professor, Department of Psychiatry, S.N.Medical College, Bagalkot, India
[2] M.D, Associate Professor, Department of Psychiatry, SNMC, Bagalkot, India
[3] M.D, Professor, Department of Psychiatry, USM-KLE IMP, Belagavi, India
[4] M.D, Post Graduate Student Department of Psychiatry, SNMC, Bagalkot, India
[5] M.D, Post Graduate Student Department of Psychiatry, SNMC, Bagalkot, India
[6] Clinical Psychologist, Department of Psychiatry, S.N.Medical College, Bagalkot, India
*Responding Author

Received: March 4, 2017; Revision Received: March 27, 2017; Accepted: March 30, 2017

© 2017 Vinod A, Choudhari S, Waghamare S, Rajshri, Dewani K, Moni S; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

studies with larger sample are required to assess significant relation between gender and sector of work with psychiatric morbidity.

Keywords: *Workload, Psychological Stress, Health Professionals, Psychiatric Morbidity/ Caseness*

Numerous studies show high levels of psychological distress in doctors, nurses, and healthcare professionals working in various situations. It is well documented that health professionals experience high amount of job stress when work exceed their ability to cope. Work itself is not usually considered as the sole cause of psychic disorders but it may decompensate vulnerable states of psychic stability. Recent studies have shown that workers in occupations involving intense social contacts experience symptoms related to the loss of mental resources, known as the "burnout phenomenon".

According to Maslach et al., burnout has three interrelated dimensions: emotional exhaustion, depersonalization, and low personal accomplishment. This phenomenon has often been described in healthcare occupations but only among one occupational group, nurses, and mainly in intensive care or pediatric units. Descriptive studies of the frequency of work stressors among hospital staff have been published and assessments of mental well being using the General Health Questionnaire (GHQ) have been made among nurses and medical students.

A study in northern Jordan among 402 healthcare professionals involving physicians, general practitioners, dentists and pharmacists reported 27% of the sample being stressed with highest prevalence among General practitioners (33%) and lowest in physicians (12%). Grassi & Magnani reported morbidity of 20.3% and 24.6% among Italian general and hospital physicians respectively. Issa et al. reported a point prevalence of 14.9% among doctors in a tertiary care hospital of Nigeria using GHQ-12. Suha B in a longitudinal study of psychological stress among (UG) dental students in Jordan using GHQ – 12 reported increase in cut off score from 58 % in first year to 89 % in fifth year. Makhal M from India reported a study among UG students in dental college in west Bengal, a psychiatric morbidity prevalence of 52.8% overall using GHQ-28.

Aims and Objectives

1. To assess psychiatric morbidity in the different group of health professionals.
2. To compare psychiatric morbidity in government and private set up.

MATERIALS AND METHODS

The study was approved by the Ethical committee of S. Nijalingappa Medical College, Bagalkot, India. The sample for study included the healthcare professionals of S. Nijaliingappa medical college, Bagalkot and health professionals working in both government and private set up.

GHQ -28 given by Goldberg is a tool for screening of minor psychiatric conditions which can then be evaluated by clinicians for psychiatric disorders by clinical interview. It has four subscales: somatic symptoms, insomnia, social dysfunction and severe depression. It is a likert scale with scoring response as 0, 0, 1, 1 for not at all, not more than usual, rather more than usual and much more than usual respectively. Score > 4 is considered as 'caseness' or probable psychiatric morbidity.

A total of 520 healthcare professionals were explained regarding the GHQ-28 by the investigator and given the General Health Questionnaire (GHQ-28) for assessment of psychiatric morbidity. A total of 448 forms were returned with completion and included in the final assessment.
Statistical analysis was done by calculating frequencies and percentages and the Pearson's chi square test was used to find significant relationship if any between two variables .P value < 0.05 was considered significant.

RESULTS

A total of 520 health professionals were enrolled out of which 448 were included in the study. 19.6% belonged to Pre and Para clinical field, 19% were surgeons, 14.3% were dentist and 17% were Medical Officers, Public health Officers each, 15.8% were physicians and nursing staff each. 57.6% of the participants belonged to 25-30 years age group. Out of the 520 participants 277(61.8%) were males and 171(38.2%) were females. 78.6% of the participants worked in private sector. (Table 1)

Table 1: Characteristic of Participants

	FREQUENCY	PERCENTAGE
AGE		
25-30	258	57.6
31-40	129	28.8
41-50	26	5.8
51-60	24	5.4
>60	11	2.5
OCCUPATION		
Dentist	64	14.3
Physician	64	14.3
Surgeon	85	19
Pre and Para clinical	88	19.6
Nursing	71	15.8
Medical Officer and Program Officer	76	17

GENDER		
Male	277	61.8
Female	171	38.2
SECTOR OF WORK		
Government	96	21.4
Private	352	78.6

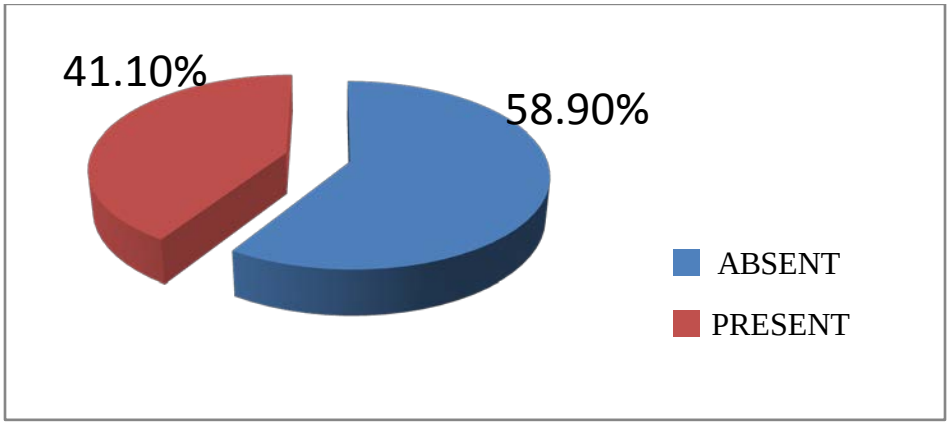


Figure 1: Caseness

Among 448 participants interviewed 41.1% had psychiatric morbidity, defined as 'caseness', Score > 4 is considered as 'caseness' or probable psychiatric morbidity.

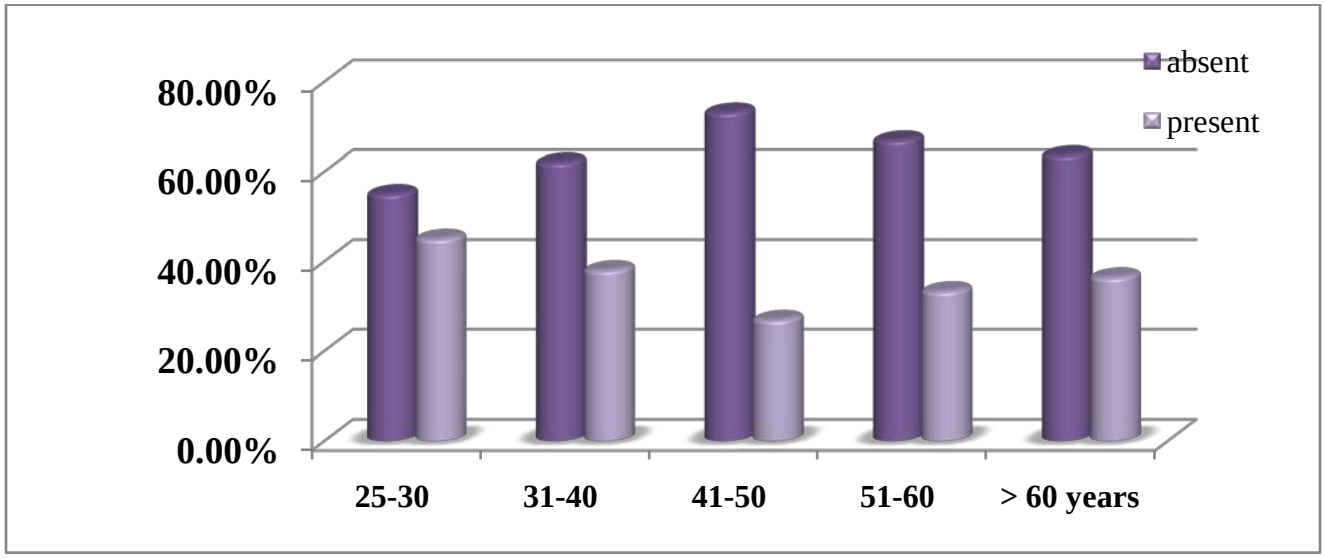


Figure 2: Age (Years) Versus Caseness

Psychiatric morbidity was maximum in the age group 25-30 years i.e., (45%) and minimum in the age group 41-50 years

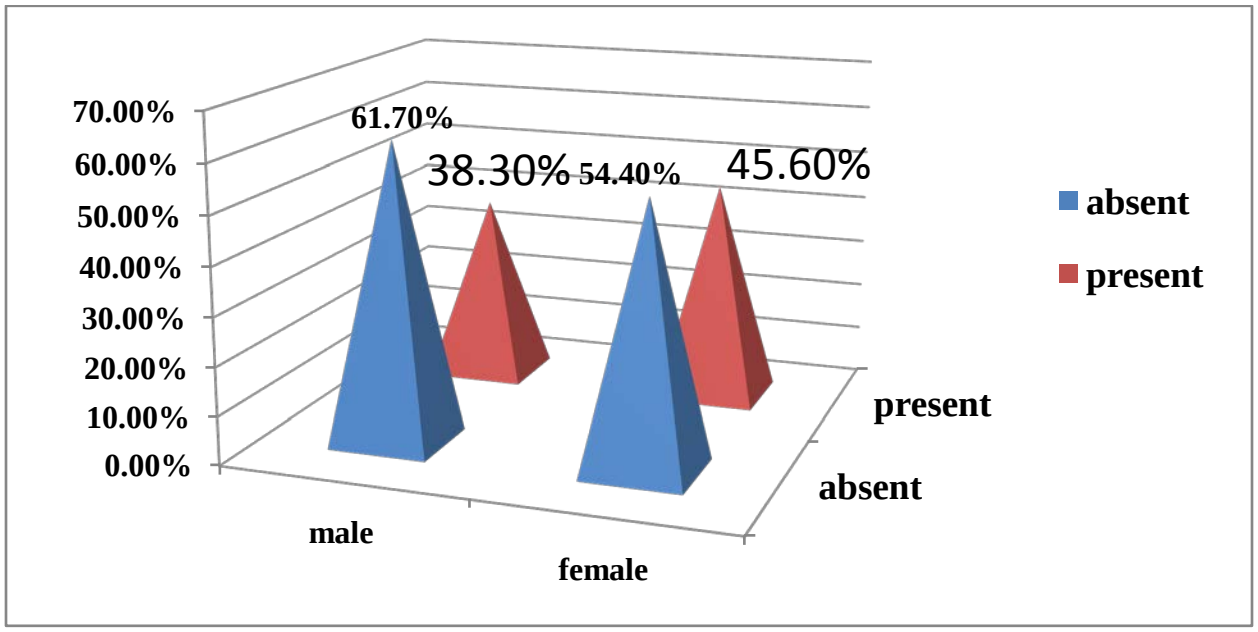


Figure 3: Gender versus Caseness

Psychiatric morbidity was more among females (45.6%) as compared to males (38.30%)

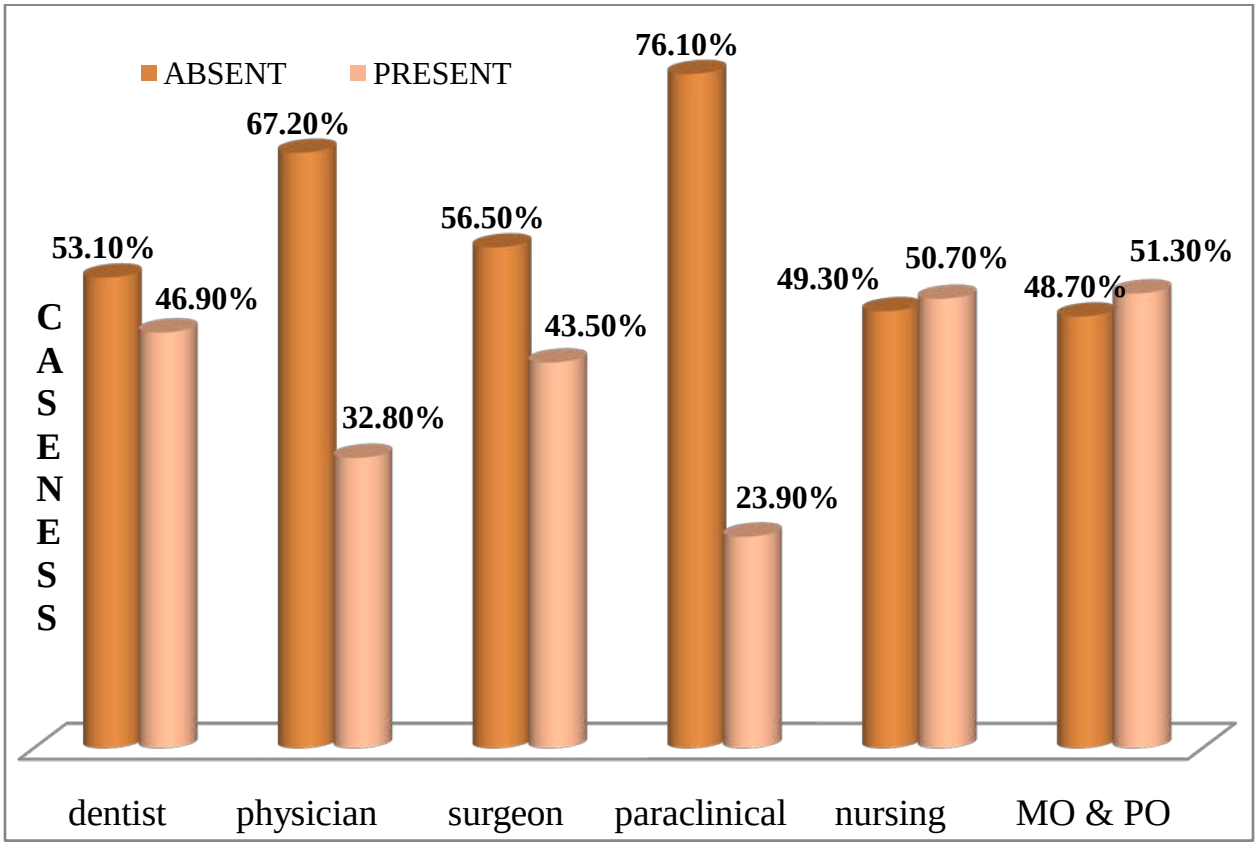


Figure 4: Occupation Vs Caseness

Psychiatric morbidity was reported highest among MOs & POs (51.3%) and lowest in pre and Para-clinical group (23.9%)

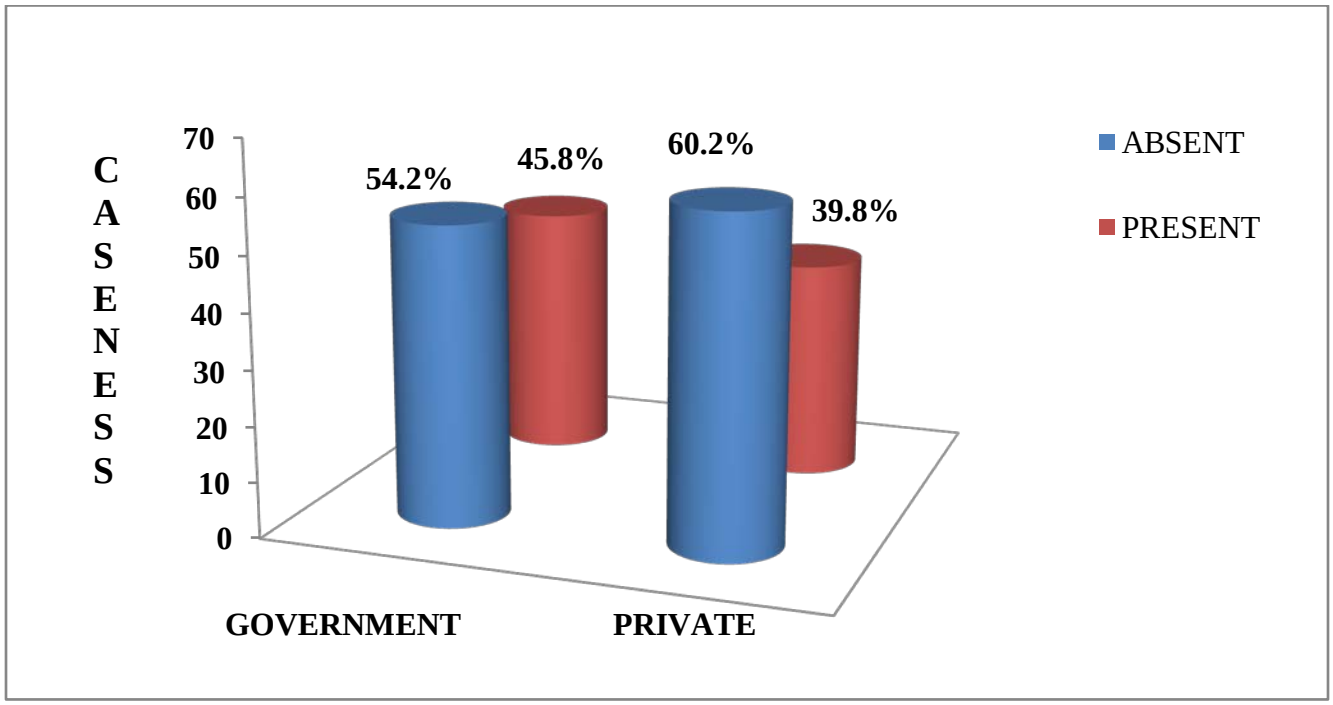


Figure 5: Sector Vs Caseness

Higher psychiatric morbidity was reported in the Government sector (45.8%) than Private sector (39.8%).

DISCUSSION

The response rate for our study turned out to be 86.1% which can be considered adequate as compared to previous studies. Our study reported higher psychiatric morbidity in the age group of 25-30 years which was the age group for residents and the younger staff . Increased workload, on call duties, recent stressors in form of marriage, birth of offspring, financial problems, academic stress and lack of job satisfaction could explain the finding. Higher morbidity reported among females as in previous studies[4] though this may be a cultural factor, presence of family responsibilities, balancing work and family. This needs further evaluation.

The significant relationship between the occupational group and psychiatric morbidity in the group of MOs and POs can be explained by the kind of work they are involved into, requiring interaction with many a patients, handling organizational and administrative work which can be stressful. Responsibilities regarding National Health Programmes, ANC checkups, school health visits, legal issues like post mortem reports, Medico-legal cases i.e., attending court duties/summons, and CMEs, training programmes for peripheral health workers add on to the job pressure of Health officers. Program officers have added work of surveillance and statistic

submission of their allotted area. Previous studies showed prevalence of stress among health care workers with the highest levels among general practitioners and dentists followed by pharmacists and specialist physicians. Subjects in government sector face greater morbidity considering their working environment, lack of discipline and increased workload.

Limitations

The study was cross sectional in nature. Factors associated with stress have not been studied. Also with the limited sample size, significant relation between age, sex and sector with psychiatric morbidity could not be assessed which requires further studies with greater sample size. Follow up studies are needed in future for assessing longitudinal outcome of the study group. Studies regarding psychiatric morbidities per se need to be taken up using disorder specific scales.

CONCLUSION

This study highlights the importance of need of periodic mental health assessment of healthcare professionals who are suffering from significant stress but not reporting, correct information regarding stress and its management would help health care professionals to improve their working capabilities and better coping strategy development.

The present study has enlightened that there is significant psychiatric morbidity among health professionals which is required to be assessed and further treated. This would lead to better management of health planning in our economy and help health care professionals in treating their patients better.

Acknowledgements**:** We wish to extend our sincere gratitude to all the participating MO, PO, physicians, surgeons, dentist, private practitioners, pre-para clinical staff, nursing staff and post graduate students for their valuable time and responses for this study, in spite of their busy schedule and stigma attached to the issue. We thank the college authorities for their kindness of giving permission to conduct this study and for their cooperation.

Conflict of Interest**:** None declared

Source of Support**:** Nil

Abbreviations**:** GHQ-General Health Questionnaire, MO- Medical Officer, PO-Programme Officer, ANC- Antenatal Check up, UG- Under Graduate, CME - Combined Medical Education.

REFERENCES

Boran A, Shawaheen M, Khader Y, Amarin Z and Rice VH. Work related stress among health professionals in northern Jordan. *Occupational Medicine*. 2012; 62:145-47.

Estry BM, Kaninski M, Peigine E, Bonnet M, Vaichere E, Gozlan C et al. Stress at work and mental health services among female hospital workers. *Bri J of Industrial Medicine*. 1990;47:20-28

Familoni OB. An overview of stress in medical practice. *African Health Science*. Mar 2008 ;vol 8:6-7.

Firth – Cozens J , Payne R. *Stress in health professionals: Psychological and organizational causes and interventions.* London : Wiley;2000

Goldberg DP, Gater R, Sartorius N, Ustun TB,Piccinelli M, Guerje O et al. The validity of the two versions of GHQ in the WHO study of mental illness in general health care. *Psychol Med* . 1997;27:191-97**.**

Grassi L, Magnani K. Psychiatric morbidity and burnout in the medical profession: An Italian study of general practitioners and hospital physicians. *Psychother Psychosom*. 2000; 69(6): 329-334.

Issa BA, Yusuf AD, Olanrewaju GT, Abiodun OA. Mental health of doctors in a tertiary care hospital in Nigeria. *Pan African Medical Journal* .2014;19:178

Makhal M, Ray PK, Bhattacharya S, Ghosh S, Majumdar U, De S et al. Prevalence of psychiatric morbidity among undergraduate students of a dental college in West Bengal. *Journal of Clinical and Diagnostic Research*. 2015Jul; Vol 9 (7): ZC68- ZC71.

Romani M, Ashkar K. Burnout among physicians. *Libyan J of Med* 2014; 9: 23556- http://dx.doi.org/D.3402/ijm .v9.23556

Suha B, Ghazaleh A, Sonbol HN, Rajab LD. A longitudinal study of psychological stress among undergraduate dental students at university of Jordan. *BMC Medical Education* (2016) 16:90.

Weinerg A, Creed F. *Stress and psychiatric disorder in health professionals and hospital staff.* Lancet. 2000; 355:533-37.

How to cite this article: Vinod A, Choudhari S, Waghamare S, Rajshri, Dewani K, Moni S (2017), Study of Psychiatric Morbidity among Health Professionals of Different Groups Using the General Health Questionnaire-28: A Cross-Sectional Study, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.186/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.187/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

The Contribution of Muslims and Islamic Concepts: Rethinking and Establishing the Actual Origin of Concepts and Thought in Psychology

Ajmal Majeed[1]*, Jabir K.P[2]

ABSTRACT

The paper deals with contribution of Muslim philosophers, scholars, scientists and psychologists for psychology in the early development period of psychology. One of the major aim of this paper is to re-evaluate the real and factual origin of concepts about the treatments, theories, psycho-therapies, meditation etc. Today the western countries are ruling over the psychology development. The paper explains and establishes the argument that the Concepts and theories are formed with the contribution of Muslim thoughts and ideas. Islamic approaches and interpretation play a role in the advancement of psychology. The paper focuses on several Muslim scholars like Imam Ghazali, Ashraf Ali Yhanvi, Muhammad ibn Zakariya al-Razi, Abu-Ali al-Husayn ibn Abdalah ibn-Sina,etc. whose contributions are not mentioned in any academic discussion or textbooks of psychology or related publication. So the paper will be a thoughtful work for the psychologists to rethink about the contribution and the role of Islam and Muslims in psychology. Prophet Muhammed (pbuh) is one of the best person who lived in this world to lead the humans toward well- being in all perspectives of life. The paper concludes with the argument that the Islamic concepts and Muslim scholars have a great role in the advancement of psychology.

Keywords: *Islam, Muslim psychologist, Islamic contribution, Ghazali, Prophet Muhammed, Ibn Sina*

"The Muslim believes in One God, who is all-powerful and has no partner; believes in his messengers, sent to mankind for their guidance from the beginning of time; believes that Muhammad [Five Pillar] closed the cycle of messengers and that there can be no further revelation of the divine Law after him; believes that the Quran is the Word of God, unaltered and unalterable,

[1] Research Scholar, Psychology, Aligarh Muslim University, Aligarh, U.P, India
[2] Research Scholar, Psychology, Aligarh Muslim University, Aligarh, U.P, India
*Responding Author

Received: March 5, 2017; Revision Received: March 28, 2017; Accepted: March 30, 2017

© 2017 Majeed A, Jabir K; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

and believes in the obligation to conform to the 'Five Pillars', which are the confession of faith, the five daily prayers, payment of the poor-due, the fast of Ramadan, and performance of the Pilgrimage to Mecca by those physically and financially able to undertake it." Islam believer may neglect one or more of the pillars (except the first) and still he is as a believer, but if he denies their necessity he has taken out of the community. (omer, 2015)

Cultural and intellectual globalization were imported from Muslim world in to west over 1000 years. Cipher, algebra, alcohol, admiral, amalgam, alcove, coffee, and more English words are derived from Arabic which showing the influence of Arabs on western culture.(Amber Haque, 2004)

If we consider the area of psychology we can also find early Muslim scholars who originated many psychological theories, thoughts and practices that is dominant today. But the written works are not readily available in English or not much translated in to English language. Quran and Sunnah which is in Arabic is the best psychological guide for mankind. (Amber Haque, 2004).

There are several Muslim scholars who contributed for psychology in earlier periods of time, these contributors followed the teachings of holy Quran and Sunnah of prophet Muhammad (pbuh) for the formation of Islamic concepts and theories.

MUSLIM CONTRIBUTORS FOR PSYCHOLOGY

Abu Yusuf Ya'qub ibn Ishaq Al-Kindi (ca. 800–870 CE)

Abu Yusuf Ya'qub ibn Ishaq Al-Kindi was the first self-identified philosopher in the Arabic tradition. His works are mainly focusing on philosophical topics, especially psychology. Extensive works in mathematics and sciences are also well known. For his works on astrology he was well known in both later Arabic and later tradition.

To prove that the soul is immaterial separate substances use Greek philosopher Aristotle's categories. In terms of Aristotle's theories of imagination, he gives an account of prophetic dreams for dreams and sleep. Many other works shed light on al-Kindi's works. Al kindi's psychological works are only existing works on ethics. (A Haque 2004).

On Sleep and Dreams (a treatise on dream interpretation), First Philosophy, and Eradication of Sorrow. In the latter, he described sorrow as "a spiritual (Nafsani) grief caused by loss of loved ones or personal belongings or by failure in obtaining what one lust after" and then added: "If causes of pain are discernible, the cures can be found." He suggested that "if we do not tolerate losing or dislike being deprived of what is dear to us, then we should seek after riches in the world of the intellect.

Al-Razi, Abu Bakr Muhammad ibn Zakariyya' (d. 925)

Al-Razi's main focus on his career was as a physician, and In Baghdad which was the capital of the Islamic empire on the time, and the city of Rayy in north Iran, He directed hospitals in this both places. His writings on medicines were highly respected in the Universe. In this area, he earned lot of respects and widely spread his knowledge. His researches and writings continued in his old age. After his death students and assistances were surrounded in ah 313/ad925. He was known as Rhazes in Christian Europe

Al Razi believed that the cause for [3]psychosomatic and [4]organic disorders is the unexpected high emotional outburst as a quick curative effect. He mastered in psychosomatic medicine and prognosis and also anatomy. His work on "How to measure intelligence" is one of the great contributions for psychology, but unfortunately English translation could not be found. In 18th century in the west up he recognized as a authority, whoever write longest work in medicine (A Haque 2004).

According to Imam Razi (1149-1209), this جوهرis indeed the soul of a human being. In his opinion," نفس has a strong relationship with his heart and a person rules over his body (physical frame) by it. x 1. Self that tends to do evil نفس امارة 2. Self-reproaching conscience نفس لوامة 3. Self at peaceنفس مطمئنة" Conferring to the eminent National poet Allama Muhammad Iqbal Human personality has two aspects. One is physical and other is spiritual, and the human personality comprises with second one. Indeed, the human personality is the collective frame of attributes and characteristics. These characteristics or attributes differentiate the one human being to other. These attributes can be good or bad. It is why those two aspects of human personality (good or bad) form attributes. Holy Quran uses the term Nafs for the human personality. It is frequently used in it and represents complete picture of human personality (R.K. Qureshi, Q. H. Aziz ur Rehman 2016)

Razi's books provide definitions, symptoms, and treatment for problems related to mental illness in the 10th century. During the time of fear of demonic possessions there are no any psychiatric hospitals in Europe. That time Razi was the director of two hospitals one is in Bagdad. His books El-Mansuri and Al-Hawi formed landmarks for the description of mental illness (Mohamed, WaelY, 2008)

[3] Psychosomatic related to certain organic disorders such as hypertension that are believed to be caused or aggravated by psychological factors, such as stress.

[4] Disorders involving physical lesion an organ or body part. An organic mental disorder is one involving disease, dysfunction or damage affecting the brain, arising from a primary brain disorder or injury, a disorder in another part of the body with secondary effects in the brain or the effects of a toxic substance.

Abu Nasr Mohammad Ibn Al-Farakh (Al-Farabi) (870-950)

Al Farabi was a Turkish and he also known as Alpharabius, Avenasser, or Abynazar. He contributes some works for [5]Social Psychology, most renowned of which is his Model City. Al Farabi stated that without the aid of other individuals no one can achieve all the perfection by himself. It is inborn characteristics of every human being to join with other man or other men to perform. Every human has to stay with others or need to stay in the neighbourhood of others and link with them. According to Maslow (1970) in his hierarchy theory one step above the safety needs he explains about the social needs which include need to have friends, to beloved and appreciation and to belong. (Baron, 2012)

He made distinction between dream interpretation and the nature and cause of dream. He worked on the therapeutic effect of music and Meaning of the intellect. Like other philosopher, Al Farabi also gives explanations and review for the Greeks independent treatise, and rejection on the philosophers and theologians. Many for his works considers as the crown of his intellectual works. etc (Amber Haque 2004).

Here once more seeking your attention on the explanation that Al Farabi's social psychology and model city were the first work that talk about the social psychology. In psychology. He wrote that "an isolated individual could not achieve all the perfections by himself, without the aid of other individuals." He wrote that it is the "innate disposition of every man to join another human being or other men in the labour he ought to perform." He came to a conclusion that in order to "achieve what he can of that perfection; every man needs to stay in the neighbourhood of others and associate with them.(Mohammad Awais Tahir,2011)

Abu Ali Al-Husayn B. Abd Allah Ibn Sina (980-1037)

Ibn Sina, known as Avecenna. He was known basically as a philosopher and a physician, but he also contributed in the progression of all sciences in his period. The existence of mind, the body and mind relationship, perception, sensation, etc. wrote in his famous book Shifa (healing). He explains that whenever the mind wishes to move body, the body obeys .Here he saying that the mind influencing the body. Secondly the influence of mind on body is about emotion and the will. (Al Wahm al-Amil,Amber Haque 2004).

French philosopher Rene Decartes (1596-1650), suggested that mind and body are distinct entities and they interact through pineal gland, found deep within the brain; his view is known as dualism. Some other philosophers suggested that mind influence body and body influence mind. (Baron, 2012).

[5] Social psychology is the branch of psychology devoted to social behavior in all its forms, including altruism, attitudes, social compliance, conformity, obedience to authority, person perception, attribution group dynamics, group polarization, and non-verbal communication.

A good and noted description he gave for [6]mood disorders. He linked the physical and psychological illness and described depression as a mood disorder with characteristics associated phobia.

In addition to the above-mentioned description he also pointed that anger is a factor for the progression of melancholia, which progression may lead to mania. He theorized that "happiness increases the breath, leading to uncontrolled increase in brain moisture and resulting in mental disorders" (Haque, 2004).

He discovered a condition that seems like [7]schizophrenia and defined as junun Mufrit (severe madness) which having the characteristics symptoms like agitation and sleep disturbance, giving inappropriate answer to questions and occasional inability to speak. He said that in order to avoid the harm to them the patients have to be controlled. (Youssef and Youssef, 2002)

He separated human perceptions into the five external and five internal senses: (a) "senses communise or the seat of all senses that integrates sense data into precepts," (b) "the imaginative faculty which conserves the perceptual images," (c) "the sense of imagination, which acts upon these images by combining and separating them (by intellect in humans) and is therefore the seat of practical intellect," (d) "Wahm or instinct that perceives qualities like good and bad, love and hate, etc. and it forms the basis of one's character whether or not influenced by reason," (e)" intentions (ma'ni) that conserves in memory all these notions. He wrote about the potential intellect (within man) and active intellect (outside man) and that cognition cannot be mechanically produced but involves intuition at every stage." (Amber Haque 2004).

For the treatment of illness which involving the emotion, he first recognized 'physiological psychological'. He developed a system for associating chances in the pulse rate with inner feeling. He was the innovator for psychophysiology and psychosomatic medicine. And this idea was in anticipation of the word-association test attributes to carl Jung. (Syed, 2002)

According Ibn sina, "ordinary human mind is like a mirror upon which a succession of ideas reflects from the active intellect. Before the acquisition of knowledge that emanates from the active intellect the mirror was rusty but when we think, the mirror is polished and it remains to direct it to the sun (active intellect) so that it could readily reflect light". He also gave psychological explanations of certain somatic illnesses. He considered philosophizing as a way of making "the soul reach perfection". Ibn Sina always linked the physical and psychological

[6] Mood disorders. A class of mental disorders with disturbances of mood as the predominant feature such as depressive disorder

[7] Schizophrenia a major mental disorder characterized by positive symptoms such as delusions, hallucinations, disorganized speech, disorganized behaviour and catatonia. Negative symptoms such as affective flattening, alogia, or avolition, and marked deterioration in work, social relations, or self-care.

illnesses together Ibn Sina also wrote about symptoms and treatment of love sickness (Ishq), nightmare, epilepsy, and weak memory. (Amber Haque 2004).

Abu Hamid Muhammad Al-Ghazali (1058-1111)

Al-Ghazali discoursed the concept of the self and the causes of its misery and happiness. He described the self-using four terms:" Qalb (heart), Ruh (spirit), Nafs (soul) and 'Aql (intellect)". He stated that "the self has an inherent yearning for an ideal, which it strives to realize and it is endowed with qualities to help realize it." He stated that the "self has motor and sensory motives for fulfilling its bodily needs". He wrote that the motor motives comprise of propensities and impulses, and further divided the propensities into two types: appetite and anger. He wrote that appetite urges hunger, thirst, and sexual craving, while anger takes the form of rage, indignation and revenge. He further wrote that impulse resides in the muscles, nerves, and tissues, and moves the organs to "fulfil the propensities." (Tahir,2011)

Al-Ghazali was one of the first to divide the sensory motives (apprehension) into five external senses (the classical senses of hearing, sight, smell, taste and touch) and five internal senses: common sense (Hiss Mushtarik) which synthesizes sensuous impressions carried to the brain while giving meaning to them; imagination (Takhayyul) which enables someone to retain mental images from experience; reflection (Tafakkur) which brings together relevant thoughts and associates or dissociates them as it considers fit but has no power to create anything new which is not already present in the mind; recollection (Tadhakkur) which remembers the outer form of objects in memory and recollects the meaning; and the memory (Hafiza) where impressions received through the senses are stored. (Mohammad Awais Tahir, 2011).

Ghazali's description of human nature cantered on discovering the "self, its ultimate purpose, and causes of its misery and happiness. He described the concept of self by four terms: Qalb, Ruh, Nafs, and Aql, which all signify a spiritual entity. He prefers the term Qalb for self in all his writings. Self has an inherent yearning for an ideal, which it strives to realize and it is endowed with qualities to help realize it. For fulfilling bodily needs the self has motor and sensory motives. Motor motives comprise of propensities and impulses. Propensities are of two types, appetite and anger. Appetite urges hunger, thirst and sexual craving. Anger takes form in rage, indignation, and revenge. Impulse resides in the muscles, nerves and tissues and moves the organs to fulfil the propensities. (Amber Haque 2004).

Contribution of Islamic Concepts and Muslims for psychology

Islamic medicine stressed the need for the understanding of human mental health. The first psychiatric hospitals and insane asylums were built in the Islamic world in Baghdad in 705, Fes (the third largest city in Morocco) in the 8th century, Cairo in 800, Damascus and Aleppo in 1270 (Syed, 2002). The most characteristic features of medieval Muslim psychotherapy were the

use of clinical observations of mentally ill patients, which resulted in the provision of ground-breaking applications of moral treatment, baths, drug medication, music therapy and occupational therapy (Syed, 2002).

The concepts of mental health and mental hygiene were introduced by the Muslim physician Ahmed ibn Sahl al-Balkhi (850-934) (Table 1). His book, Sustenance for Body and Soul (in arabic: Masalih al-Abdan wa al-anfus), was the first book that discussed psychosomatic diseases with on emphasis on mind and body: "if the nafs (psyche) gets sick, the body may also find no joy in life with development of a physical illness" (Deuraseh and Abu Talib, 2005).

Ahmed ibn Sahl al-Balkhi was a pioneer of [8] psychotherapy, psychophysiology and psychosomatic medicine. He was the first one who recognized that the body (fever, headache) and the soul (anger, anxiety and sadness) can be "healthy or sick or balanced or imbalanced". He recognized two types of depression: "one caused by known causes (physiological reasons) that can be treated through physical medicine; and the other caused by unknown reasons that can be treated psychologically" (Deuraseh and Abu Talib, 2005).

Najab ud-din Muhamed (10th century) made careful observations of mentally ill patients with detailed descriptions of a number of mental diseases including agitated depression, [9]neurosis, periapism and sexual impotence (Nafkhae Malikholia), psychosis (Kutrib) and mania (Dual-Kulb) (Syed, 2002; Youssef and Youssef, 1996).

Ibn al-Haytham is considered to be the founder of the experimental psychology and psychophysics (Khaleefa, 1999) with his distinguished book on the psychology of visual perception, Book of Optics (Steffens, 2006). Ibn al-Haytham was the first scientist to argue that vision occurs in the brain rather than the eyes in his Book of Optics (Edition III). Moreover, he pointed out that personal experience has an effect on what people see and how they see and that vision and perception are subjective feelings (Steffens, 2006).

Muslims applied modern therapeutic methods to the mentally ill right from there admission for treatment to discharge was customary to provide food and shelter to patients till recovery al khuzai-al Mawslli wrote about highly developed specimen of shadow play under the title, tayf-al-khayal'fi Marifath Al-Zil' to add to the techniques which in many ways anticipated projective

[8] Psychotherapy is the treatment of mental disorders and allied problems by psychological methods such as behavior therapy, client centered therapy, cognitive behavior modification, and family therapy.

[9] Neurosis is an imprecise term for a relatively mild mental disorders with predominantly distressing symptoms and without loss of insight or reality testing, and without apparent organic etiology including anxiety neurosis, depersonalization neurosis, depressive neurosis, hysterical neurosis and obsessive compulsive neurosis.

doll play psychodrama (Graham,1967).Ghazali,Razi ,Ibn sina,Ibn miskwayh lay great stress on demand of whole man (Akbar,2006)

Avicenna often used psychological methods to treat his patients. One of his patients was a prince of Persia who had melancholia and suffered from the delusion that he was a cow, and who would low like a cow crying "Kill me so that a good stew may be made of my flesh" and would never eat anything. Avicenna was persuaded to take on the case and sent a message to the patient, asking him to be happy as the butcher was coming to slaughter him, and the sick man rejoiced. When Avicenna approached the prince with a knife in his hand, he asked "where is the cow so I may kill it?" The patient then lowed like a cow to indicate where he was. "By order of the butcher, the patient was also laid on the ground for slaughter." When Avicenna approached the patient pretending to slaughter him, he said, "the cow is too lean and not ready to be killed. He must be fed properly and I will kill it when it becomes healthy and fat." The patient was then offered food which he ate eagerly and gradually "gained strength, got rid of his delusion, and was completely cured" (Haque, 2004).

The result of study did by Moghadam & Moradi in 2011, The Holy Quran in four verses and infallible imams in several hadiths have prohibited alcohol consumption for humans. On the other hand, it leads to many socioeconomic and mental damages and results in detriments on the Central and Peripheral Nervous System. Cardiovascular System, Liver, Bone, Pancreas, Skin and Respiratory System are such organs and tissues in which bear loads of heavy irreversible injuries from alcohol consumption. Harmful effects of alcohol on fetus and causing different malignancy in several tissues are from other fatal effects which eventually lead to death.

Ethanol affects nearly all brain systems and causes rapid adaptation, changes in neurochemical pathways and these alterations often are associated with morbidity (Bahi, 2012). Alcohol disturbs the balance between excitatory and inhibitory events in the brain, resulting in anxiolysis, ataxia, and sedation (Dar, 2011). Ethanol probably produces its effects by changing the function of a number of ligand-gated and voltage-gated ion channels and GPCR (G-protein coupled receptors) systems.

Heavy alcohol digestion can cause hypertension with raises in diastolic and systolic blood pressure (Taylor et al., 2009). Chronic heavy drinking develops a more permanent cognitive deficit that referred to as alcoholic dementia (Alfonso-Loeches and Guerri, 2011). Wernicke-Korsakoff syndromes causes by thiamine depletion following heavy ethanol digestion. Atrophy of the cerebellar vermis and a peripheral neuropathy are the others neurological syndromes associated with chronic heavy use of alcohol (Matsushita, 2014).

God introduced wine as a harmful substance and expressed its disadvantages is more than benefits more than 1400 years ago in holy Quran. So that usage of wine is great sin in Islam. However, until 2 centuries ago, complications of alcohol usage were not known. It has been revealed that this substance has numerous dangerous effects. Irreversible effects such as changing in neurotransmission pathways in brain, cardiomyopathy, and disturbance in mental balances have been proven (Saunders et al., 1993).

CONCLUSION

The dedicated life of the earlier Muslim scholars contributes great concepts, practices and theories to psychology. Those contributions play a good role to develop psychology for the mentally ill people as a blessed finding for the future brightness of the field of psychology. The actual origin of the concepts and theories are contributed and originated from the Islamic concepts but those great dedications are not exploring in academic article or books to spread such an extraordinary thoughts of scholars.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

REFERENCES

A, Abed and L, Safaeian (2012*). "Advantages and Disadvantages of Alcoholic Beverages; What Is the Opinion of the Holy Quran?"*. Retrieved from: https://www.researchgate.net/profile/Leila_Safaeian/publication/234040351_Advantages_and_Disadvantages_of_Alcoholic_Beverages_What_Is_the_Opinion_of_the_Holy_Quran/links/09e4150e7b6af333ef000000.pdf

A, Haque (2004). *"Psychology from Islamic Perspective: Contributions of Early Muslim Scholars and Challenges to Contemporary Muslim Psychologists"*. Retried from: http://www.jstor.org/stable/pdf/27512819.pdf

G, Frank (2004). *"Al-Ghazali's Unspeakable Doctrine of the Soul: Unveiling the Esoteric Psychology and Eschatology of the Ihya"* retrieved from: http://go.galegroup.com/ps/anonymous?id=GALE%7CA131969206&sid=googleScholar&v=2.1&it=r&linkaccess=fulltext&issn=00030279&p=AONE&sw=w&authCount=1&isAnonymousEntry=true

M Hassan Ghosian, M Moradi (2011). *"Effects of Alcohol Consumption on Human Health from the Perspective of Holy Quran and Modern Medicine"*. retrieved from: file:///C:/Users/Ajmal/Downloads/8162.pdf

M, Ansari. *"Psychology of Mohammad"*. Online book Retrieved from:

http://bibotu.com/books/Truth%20About%20Islam/PshychologyOfMohammad.pdf.

W, M Mohamed (2012). *"Arab and Muslim Contributions to Modern Neuroscience"*. retrieved from: file:///D:/ZTORAGE%20DELL/My%20Researches/isalm%20and%20psy/Arab-and-Muslim-Contributions-to-Modern-Neuroscience.pdf

How to cite this article: Majeed A, Jabir K (2017), The Contribution of Muslims and Islamic Concepts: Rethinking and Establishing the Actual Origin of Concepts and Thought in Psychology, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.187/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.188/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Adjustment and Social Support of Pre-University College Adolescents

Dr. Maheshbabu. N[1]*, Mr. Chandrkanth. B. K[2], Dr. Shivakumar S Chengti[3]

ABSTRACT

The present study seeks to investigate the level of adjustment and social support of college going adolescents. Sample included 120 (simple random sampling method) randomly selected adolescents i.e. 60 boys and 60 girls college students from various pre-university colleges of Kalaburgi district of Hyderabad Karnataka. For obtaining the data on social support and adjustment, social support scale developed by Vaxu (1986), and adjustment inventory was developed by Sinha and Singh (1984) were used respectively. The statistical technique t-test and spearman rho coefficient of correlation was employed for comparing the two groups. The findings of the study showed that there exists significant difference in adjustment and social support between boys and girls. Whereas there exists no significant difference in respect to domicile between adjustment and social support. It also concludes that there exists positive and significant difference between adjustment and social support.

Keywords: *Adjustment, Social Support and Adolescents*

Adolescents throughout their college life are faced with a number of adjustment problems that could potentially affect their well-being. According to US department of health and human services (2003) found that 13 out of every 100 adolescents have experienced some kind of anxiety, stress and emotional imbalances and half of these students will be affected with a comorbid mental or behavioural disorder, such as depression. Given these concerns, research factors such as social support that may buffer adolescents from these poor outcomes is critical to determine potential interventions for these students. (Demaray & Malecki, 2002a; Malecki & Demaray, 2003; Piko, 2000; Wenz-Gross & Siperstein, 1998) found that significant relationship between social support and adjustment of adolescents.

[1] Assistant Professor, Dept of PG Studies and Research in Psychology, Post Graduate Centre, Sri Dharmastala Manjunatheshwara College, SDM-Ujire, Dhakshin Kannada. Karnataka State, India
[2] Research Scholar, Dept of Psychology, Karnatak University Dharwad, Karnataka State, India
[3] Professor, Dept of Psychology, Gulbarga University Kalaburgi, Karnataka State, India
*Responding Author

Received: March 8, 2017; Revision Received: March 28, 2017; Accepted: March 30, 2017

© 2017 Maheshbabu N, Chandrkanth B, Chengti S; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

Social support is an important factor in the development and maintenance of mental health. Social support was defined as an individual's perception that he or she is cared for, esteemed, and valued by people in his or her social network, that enhances personal functioning, assists in coping adequately with stressors, and may buffer him or her from adverse outcomes (Dubow, Tisak, Causey, Hryshko, & Reid, 1991). Domitrovich and Bierman (2001) found that warm supportive parental practices were negatively related to aggression and positively related to prosocial behaviour. In addition, Dunn et al. (1987) and WenzGross et al. (1997) found family support to be related to college adjustment and academic self-concept.

Social support is one of the most important protective factors for adolescents (Tao et al., 2000). Social support includes social resources that individuals perceive to be available or that are actually offered to them by helping relationships (Cronkite & Moos, 1995). Perceived social support is one of the most commonly used measures of social support. Perceived social support is a person's perception of the availability of support from others (i.e., friends and family) and captures the complex nature of social support including both the history of the relationship with the individual who provided the supportive behavior and the environmental context (Hobfoll & Vaux, 1993). Barrera, Sandler, and Ramsay (1981) have proposed four different types of support that friends and family may offer including guidance and feedback (e.g., advice and instruction), non-directive support (e.g., trust and intimacy), positive social interactions (e.g., spending time with friends and family), and tangible assistance (e.g., shelter and money).

Adjustment is a state in which the needs of the individual on the one hand and the claims of the environment on the other are fully satisfied. Adjustment takes the form of variation of the environment and variation in the organism through the acquisition of responses appropriate to the situation. The variation in the organism may be biological. The adjustment process is a universal sequence that can be identified in the behaviour of organism from the lowest species up to man. Adjustment generally means an effective adaptation to the environment, both external and internal, including conformity to group norms, more ideals, values and so on (Abraham, 1968). According to Mouly ((1966) adjustment is the process by means of which an individual seems to maintain physiological equilibrium and propels himself toward self-enhancement. Whereas, Laycock (1946) grouped the problem of adolescents due to changing physical growth, physiological development, becoming emancipated from family and free from emotional dependence on parents. Parental unavailability, including lack of warmth, hostility, and rejection, has been linked to adolescents' internalizing problems such as depression, loneliness, distress, and somatic complaints, and to externalizing problems such as substance abuse, aggressiveness, and delinquent behavior (Conger, et al 1997; Campo & Rohner, 1992; Crockenberg & Leerkes, 2003; Rubin et al 2004). Adjustment therefore has been considered as an index to integration; a harmonious behavior of the individual by which other individuals of the society recognize the person as well adjusted (Pathak, 1990). Sajatha S., Caonkar V., Khadi P. and Katarhi P.A. (1993) have carried out their study in the Dharwad block of Karnataka state. They absorbed more on the

level of adjustments between male and female adolescents and found that male adolescents showed greater level of adjustment than the females. Therefore the present study is tries answering three questions. Do adolescents face problems in their social, emotional and educational aspects of life in respect to social support? What are the factors that influence their adjustment towards social life? Is there a gender difference between adjustment and social support of adolescent?

Objectives

1. To study the adjustment and social support of adolescent boys and girls.
2. To study the adjustment and social support of urban and rural adolescents.
3. To know the association between adjustment and social support of adolescent boys and girls students.

Hypotheses

1. There is significant difference in adjustment between boys and girls adolescents.
2. There is significant difference in social support between boys and girls adolescents.
3. There is significant difference in adjustment between urban and rural boys and girls students.
4. There is significant difference in social support between urban and rural boys and girls students.
5. There is significant association between adjustment and social support of adolescent girls students.

METHODOLOGY

Sample

One hundred and twenty (boys *n*=60 and girls *n*=60) adolescents studying in pre-university colleges of Kalaburgi district of Hyderabad Karnataka were selected to participate in this study. Their age ranged from 12 to 18 years and besides that domicile was taken into account. The simple random sampling method was followed.

Procedure

Present study is taken up to investigate the adjustment and social support in adolescent boys and girls, were studying in Pre-University colleges and suitable measuring instruments and structured questionnaires were administered following initial permission from the concerned authority and the participants were approached with mutual consent to fulfill the required measurements and questionnaires.

Tools

1. **Adjustment inventory for school students (AISS): It was developed by Sinha and Singh (1984)**. It has 100 items with three areas namely: (a) Emotional adjustment: High

scores indicate unstable emotion. Students with low scores tend to be emotionally stable. (b) Social adjustment: Individuals scoring high are submissive and tiring. Low scores indicate aggressive behavior. (c) Educational adjustment: Individuals scoring high on third are poorly adjusted with their curricular and curricular programmes. Persons with low scores are interested in school/college programmes. The split-half reliability method was found to be .95 and validity was found to be .94.

2. **Perceived Social support scale developed by Vaxu et al. (1986).** It consists of 23 items, self-report measure of the extent to which participants believe that they are valued by, and involved with, family members, friends, and others. Participants indicated the extent to which they endorsed statements about their social support (e.g., "I am loved dearly by my family" and "My friends don't care about my welfare") on a 4- point Likert scale from 1 (strongly disagree) to 4 (strongly agree). Three scores can be computed, including a family score (sum of 8 items assessing family support), a friend score (sum of 7 items assessing friendship support) and a general others score (the remaining 8 items assessing perceived support from "others" more generally; O'Reilly, 1995). Higher scores on eighteen of the items (items 1, 2, 4-9, 11, 12, 14-20, and 23) indicate higher levels of perceived social support, while higher scores on the other five items indicate lower levels of perceived social support. These latter five items will be reverse scored so that, in the overall analyses, higher scores will indicate higher levels of 30 perceived social support. The Social Support Appraisals Scale is correlated with other measures of perceived social support (O'Reilly, 1995), and previous studies have reported internal consistencies that range from 0.83-0.89 (O'Reilly, 1995; Vaux et al., 1986). The internal consistency for the Social Support Appraisals Scale in the current sample ranged from 0.92-0.94.

Statistical techniques

1. t-test
2. spearman rho coefficient of correlation

RESULT AND DISCUSSION

Table No 1. Shows mean SD and t-value of adjustment between boys and girls adolescents.

Sl. No	Adjustment	Boys *n*=60		Girls *n*=60		t-value
		Mean	SD	Mean	SD	
1	Emotional adjustment	51.82	10.56	48.18	9.12	2.02 *
2	Social adjustment	49.90	9.88	50.10	10.19	0.10 NS
3	Educational adjustment	51.49	10.28	48.51	9.55	1.64 NS
Overall adjustment		51.96	10.29	48.04	9.37	2.18*

*NS: Not significant and Significant at *0.05 level*

Figure No 1. Shows sub-dimension & overall adjustment mean scores of boys and girls adolescents.

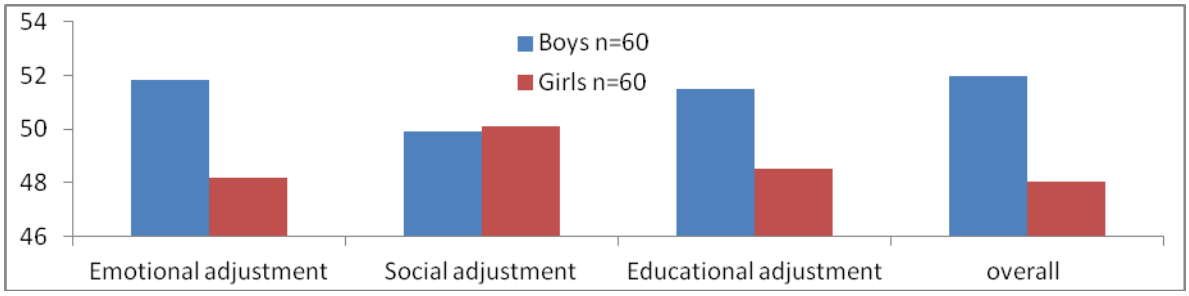


Table No 1 & figure no 1, shows mean, SD and t-value of adjustment of boys and girls adolescents. The overall mean and SD score of boys is 51.96, 10.20 respectively, and the girls mean and SD score is 48.04, 9.37 respectively and the t-value is 2.18, which is significant at 0.05 level. Thus it suggests that boy adolescents have greater level of adjustment towards emotional adjustment. Hence, the first hypothesis, there is significant difference in adjustment between boys and girls, has been accepted.

The mean and SD scores of pregnant jobholders and homemakers in accordance with the dimensions of adjustments are: emotional adjustment (boys mean and SD scores of 51.82, 10.56 respectively and girls mean and SD scores of 48.18, 9.12 respectively. The t-value is 2.02, which is significant at 0.05 level). Whereas, social adjustment (boys mean and SD scores of 49.90, 9.88 respectively and girls mean and SD scores of 50.10, 10.19 respectively. The t-value is 0.10, which is not significant at 0.05 level). Educational adjustment (boys mean and SD scores of 51.49, 10.28 respectively and girls mean and SD scores of 48.51, 9.55 respectively. The 1.64, which is not significant at 0.05 level). these results reveal that there exists no significant difference between the scores of social adjustment and educational adjustment dimensions of boys and girls adolescents whereas the scores of emotional adjustment reveals that there exists significant difference in level of emotional adjustment between boys and girls. Similar findings were reported by Srivastava et al. (2012); Sharon and Miller (1998) & Irshad and Tali (2014) who concluded that boys exhibited greater level of adjustment in comparison to girls. It also noted that though boys are significantly better adjusted than girls, their level of adjustment is average.

Table No 2, shows mean SD and t-value of adjustment between boys and girls adolescents.

Sl. No	Social support	Boys *n*=60		Girls *n*=60		t-value
		Mean	SD	Mean	SD	
1	Family support	50.64	8.42	49.36	11.39	0.70 NS
2	Friendship support	54.10	6.78	45.90	11.02	4.90***
3	Others	52.37	8.74	47.63	10.66	2.65**
Overall social support		54.82	9.23	45.18	8.32	6.00***

*NS: Not significant, Significant at **0.01 and ***0.001 levels*

Figure No 2. Shows sub-dimension & overall social support mean scores of boys and girls adolescents.

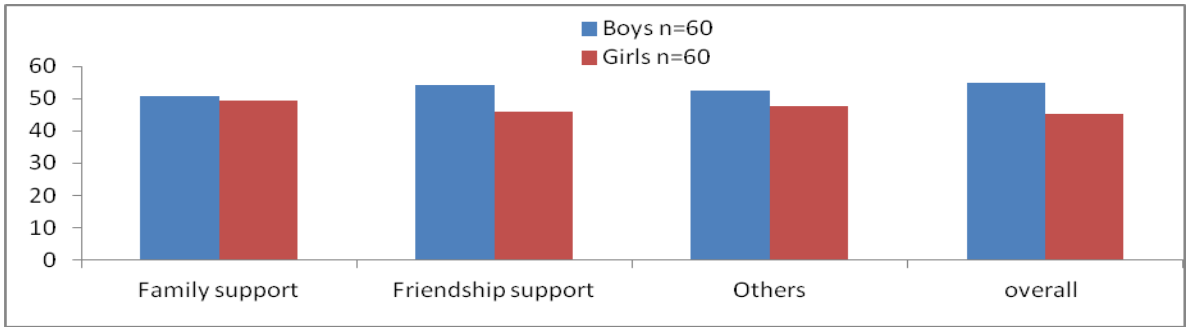


Table no 2 & figure no 2, illustrates that overall social support and its dimensions scores of the boy and girl adolescents. The result revealed that the boys have higher mean and SD scores of 54.82, 9.23 respectively, and the girls have lower mean and SD scores of 45.18, 8.32 respectively. The t-value is 6.00, which is significant at 0.001 level. The result shows that there is significant difference in overall social support between boy and girl adolescents. Thus the mean scores suggest that boys have greater social support as compared to girls. Hence the second hypothesis, there is significant difference in social support between boys and girls adolescents, has been accepted.

The mean and SD scores of boys and girls adolescents in accordance with the dimensions of social support are friendship support dimension boys mean and SD scores of 54.10, 6.78 respectively and girls mean and SD scores of 45.90, 11.02 respectively. The t-value is 4.90, which is significant at 0.001 level. the social support dimension of 'others' the boys mean and SD scores of 52.37, 8.74 respectively and girls mean and SD scores of 47.63, 10.66 respectively. The t-value is 2.65, which is significant 0.01 level. These results reveal significant difference in the above stated dimensions of social support in boys and girls adolescents.

Whereas, family support dimension of boys mean and SD scores of 50.64, 8.42 respectively, and the girls mean and SD scores of 49.36, 11.39 respectively. The t-value is 0.70, which is not significant at 0.05 level. This result reveals that there is no significant difference found in boys and girls adolescents in respect to the above stated dimension.

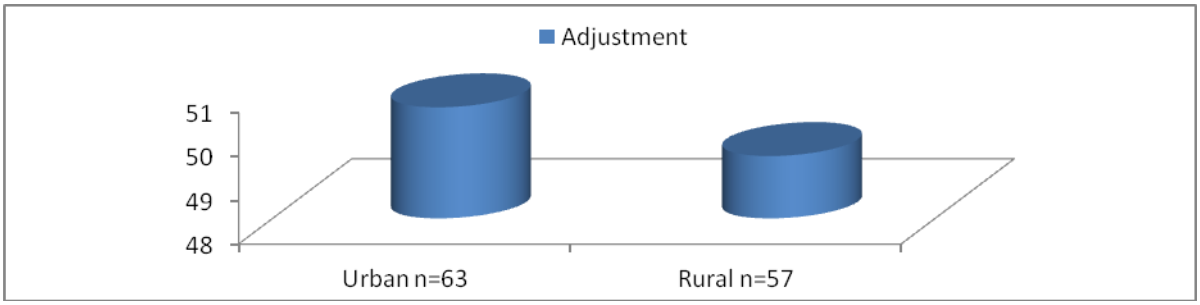
Similar results were reported by Mahanta and Megha (2013); Holahan, et.al. (1995); Davis (1998) who reported that no gender differences in social support from family but a significant difference was found out for the perceived social support from friends and others as well. Whereas, Bolhari and et al, and Hooman (1995). Indicated that girls have more social support than boys.

Table No 3. Shows mean SD and t-value of adjustment between urban and rural adolescents.

	Urban *n*=63		Rural *n*=57		t-value
	Mean	SD	Mean	SD	
Adjustment	50.53	10.79	49.42	9.10	0.60 NS

NS: Not significant

Figure No 3. Shows adjustment mean scores of urban and rural adolescents.



The above table no 3 & figure no 3 illustrates adjustment scores of urban and rural adolescents. The scores of adjustment of urban and rural adolescents mean and SD scores of 50.53, 10.79 respectively and 49.42, 9.10 respectively. The t-value is 0.60, which is not significant at 0.05 level. Thus it indicates that there is no significant difference in adjustment between urban and rural adolescents. Hence the third hypothesis, there is significant difference in adjustment between urban and rural adolescents, has been rejected.

Table No 4. Shows mean SD and t-value of social support between urban and rural adolescents.

	Urban *n*=63		Rural *n*=57		t-value
	Mean	SD	Mean	SD	
Social support	50.19	9.96	49.79	10.12	0.21 NS

NS: Not significant

Figure No 4. Shows social support mean scores of urban and rural adolescents.

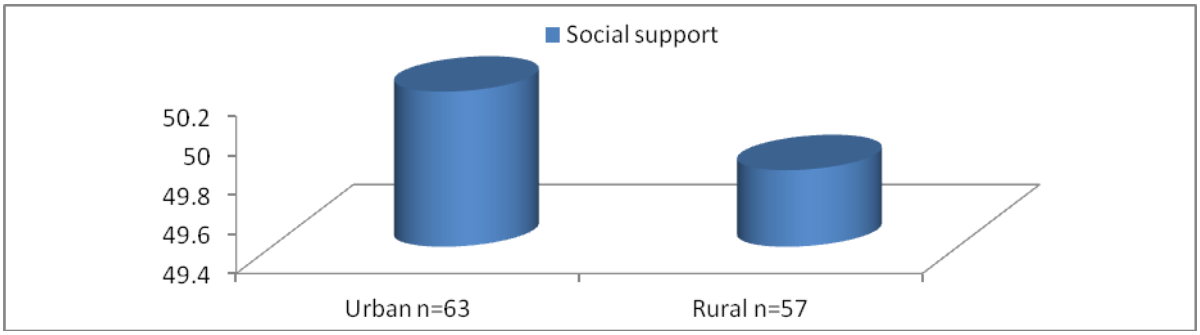


Table no 4 and figure no 4 shows social support scores of the urban and rural adolescents. The results revealed that urban adolescents mean and SD scores of 50.19, 9.96 respectively and the rural adolescents mean and SD scores of 49.79, 10.12 respectively. The t-value is 0.21, which is

not significant at 0.05 level. Thus, the result shows there is no significant difference in social support between urban and rural adolescents. Though the mean scores indicates that urban adolescents exhibited slightly better social support in comparison to rural adolescents. Hence, the fourth hypothesis, there is significant difference in social support between urban and rural adolescents, has been rejected.

Table No 5: Shows correlation between adjustment and social support of adolescents.

Variable	r= value
Adjustment & social support	.226**

*Significant at **0.01 level*

Table no 5 depict that coefficient of correlation between adjustment and social support of adolescents. The correlation value is .226**, which is significant at 0.01 level. Thus it is indicated that there is significant correlation between adjustment and social support of adolescents. It suggests that better the adjustment increases the level of social support of adolescents. Hence the fifth hypothesis: there is positive and significant correlation between adjustment and social support has been accepted.

FINDINGS AND SUGGESTIONS

The major findings of the study are that;

1. Firstly, there is significant difference in the level of adjustment between boys and girls. It indicates that the boys exhibited greater adjustment in terms of emotional, social and educational adjustment.
2. Secondly, there exists significant difference in overall social support between boys and girls. It indicates that the boys showed higher level of social support in terms of friends and others supports in comparison to girls. Whereas no significant difference is found in family support between boys and girls.
3. Thirdly, there is no significant difference in the level of adjustment between urban and rural adolescents.
4. Fourthly, there is no significant difference in the level of social support between urban and rural adolescents.
5. Further, it is also concluded that there exists positive and significant difference between adjustment and social support.

CONCLUSIONS

Based on the findings of the present study this paper confirms that the boys were showed better adjustment and greater level of social support from friends, peer groups and society as compared to girls and study also concludes that irrespective of the nature of environment in adolescents whether urban or rural adolescents, the levels of adjustment and social support does not change and there exists positive and significant correlation between adjustment and social support of

boys and girls adolescents. This field being new and emerging, future work should be taken up to clarify the relationship between the variables

Acknowledgments
The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

REFERENCES

Bagheri Yazdi A, Bolhari G, Peiravi H.(1995). Assessing mental health student in Tehran University academic year 1994-1995. *Thought and Behavior J. 1*(4): 85-90

Campo, A. T., & Rohner, R. P. (1992). Relationship between perceived parental acceptance rejection, psychological adjustment and substance abuse. *Child Abuse & Neglect, Vol. 16,* pp. 429-440.

Conger, K.J., Conger, R.D. and Scaramella, L.V., (1997), Parents, siblings, psychological control and adolescent adjustment. *Journal of Adolescent Research, 12*(1) : 113-138.

Crockenberg, S. C., & Leerkes, E. M. (2003). Parental acceptance, postpartum depression, and maternal sensitivity: Mediating and moderating processes. *Journal of Family Psychology, Vol. 17*, pp. 80-93.

Davis, S. L. (1998). "Social and scientific influences on the study of children's suggestibility: A historical perspective." *Child Maltreatment 3*: 186–194.

Demaray, M.K., & Malecki, C.K. (2002). Critical levels of perceived social support associated with student adjustment. *School Psychology Quarterly, 17*, 213–241.

Dimpy Mahanta Megha Aggarwal (2013). Effect of Perceived Social Support on Life Satisfaction of University Students. *European academic research, vol. I,* ISSUE 6.

Dubow, E.F., Tisak, J., Causey, D., Hryshko,A., & Reid, G. (1991).Atwo-year longitudinal study of stressful life events, social support, and social problem-solving skills: Contributions to children's behavioral and academic adjustment. *Child Development, 62*, 583–599.

Holahan, C.J., Valentiner, D.P., & Moos, R.H. (1995). "Parental Support, coping strategies and psychological adjustment: An integrative model with late adolescents." *Journal of Youth and Adolescence 24*(6): 663-648.

Irshad Ali Dar & Latief Ahmad Tali (2014). Adjustment Problems among Kashmiri Adolescents. international *journal of English language, literature and humanities. Volume 1* Issue V Feb 2014

Laycock, S. R. (1946). How Parents hinder Adolescents Adjustment to the Opposite sex. *Journal of school health, Vol. 16, No. 6*, pp. 151-156.

Malecki, C.K., & Demaray, M.K. (2003). What type of support do they need? Investigating student adjustment as related to emotional, informational, appraisal, and instrumental support. *School Psychology Quarterly, 18*, 231–252.

Paikoff, R. L., & Brooks-Gunn, J. (1991). Do parent– child relationships change during puberty? *Psychological Bulletin, 110*, 47–66

Piko, B. (2000). Perceived social support from parents and peers: Which is the stronger predictor of adolescent substance use? *Substance Use & Misuse, 35*, 617–631.

Rubin, K. H., Dwyer, K. M., Booth, L. C., Kim, A. H., Burgess, K. B., & Rose, K. L. (2004). Attachment, friendship, and psychosocial functioning in early adolescence. *Journal of Early Adolescence, Vol. 24*, pp. 326–356

Sharon Marine, PhD, and Deborah Miller, (1998). Social Support, Social Conflict, and Adjustment Among Adolescents With Cancer. *Journal of Pediatric Psychology, Vol. 23*, No. 2, 1998, pp. 121-130

Sinha, A.K. & Singh, R.P. (1984). *Manual for adjustment inventory for school students/college (AISS).* Agra: National psychological corporation.

Srivastava, S.K.; Barmola, Kailash Chandra (2012). Social Support and Adjustment of Students. *Social Science International, Vol. 28* Issue 2, p303-317. 15p

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2003). National Mental Health Information Center. Retrieved December 19, 2003, from http://www.mentalhealth.samhsa. gov/publications/browse.asp

Vaux, A., Phillips, J., Holly, L., Thomson, B., Williams, D., & Stewart, D. (1986). The social support appraisals (SS-A) scale: Studies of reliability and validity. *American Journal of Community Psychology, 14*(2), 195-218.

Wenz-Gross, M., & Siperstein, G.N. (1998). Students with learning problems at risk in middle school: Stress, social support, and adjustment. *Exceptional Children, 65*, 91–100.

How to cite this article: Maheshbabu N, Chandrkanth B, Chengti S (2017), Adjustment and Social Support of Pre-University College Adolescents, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.188/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.189/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Academic Achievement Motivation among Junior College Science Faculty Students

Dr. Sujit Dhanraj Kumavat[1]*

ABSTRACT

For students there is great need of motivation, because motivation effects on their academic achievement. The present study is about the academic achievement motivation of the junior college 12th class Science faculty students. Achievement motivation plays an important role to achieve educational goals of the students. The objective of the present study was to find out the achievement motivation among junior college science faculty student. The hypothesis of the research was there was significant difference between boys and girl student in the dimension achievement motivation. The sample for the present research selected from the junior college in Ahmednagar district. For the research, 12th class 96 students of science faculty were selected. The age range of the students were 17 to 18 years (M=27.79 SD=3.56). Random sample method was used to sample collection. The data was analyzed with t-test. Result was showed that Girls students had more academic achievement motivation than boy's students of science faculty.

Keywords: *Achievement Motivation, Junior college student*

Educated manpower is the emerging need of any nation as educated and skilled human resource is asset for any country. It becomes indispensable to develop human resource from the early stages of human life; Children are to be set to develop realistic aspiration encompassing their lives, education and prospects of the future. Therefore, correlates to academic achievement draw the attention of researches. Among the correlates at present psycho-social variables are gaining importance. Self-concept and Achievement motivation is such a psycho-social variable which is also responsible in a great way effecting academic achievement in children. One of the most persistent puzzles confronting parents and teachers is uneven academic achievement among equally able students. What factors cause some students to go above and beyond their personal and environmental constraints is the focal interest of current social- cognitive theories of motivation and action. One of the parts of achievement is academic motivation.

[1] Faculty, Pemraj Sarda College, Ahmednagar, India) (Faculty, Pemraj Sarda College, Ahmednagar, India
*Responding Author

Received: March 9, 2017; Revision Received: March 28, 2017; Accepted: March 30, 2017

© 2017 Kumavat S; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

Academic motivation is defined as enthusiasm for academic achievement which involves the degree to which students possess certain specific behavioral characteristics related to motivation (Hwang et al, 2002). It is the orientation to the actions which is important to compel with the perfect standards. Goc (2010) has stated the factors affecting students' achievement motivation as effectiveness of the teacher, friends, the individual's attitude towards school, students' perceptions about their own abilities, past experiences positive or negative, the importance given to the student's success, parent's approaches towards their children and school / college.

In this rapidly changing world and with the growing advancement in science and information technology, the place of education has become so vital that every parents today sets high goals to educate his/her child. It is a common observation that success in the academic achievement saves as an emotional tonic and any damage done to a child may be partially repaired by the success in college. Sound development in academic can will be matched with pillars on which entire future structure of personality stands and a good academic record of students is an index of an effective educational system. In more general term, academic achievement means the achievement of the pupils in so-called academic subjects. Therefore, academic achievement may be defined as a measure of knowledge, understanding or skills in a specific subjects or a group for subjects. Academic achievement is not a unique dimensional; multidimensional phenomenon. So, differences in academic achievement can be attributed to one single factor but to a large number of factors those affect academic achievement. The factors on which achievement depends are innumerable e.g. intelligence, motivation, creativity, achievement motivation, personality, socio-economic status etc. However, it was not possible to take them up all these factors one time due to constraints of time and resources, achievement motivation.

In the past decades because of the effect of motivation for academic achievement on students' success, psychologists have recognized and examined the effective factors in motivation for academic achievement. The results of their research indicated that personality, family, university and social variables are related to this construct (Masaali, 2007). Others directed their studies towards integrating intellectual ability, learning style, personality and motivation for academic achievement as the predictors of academic achievement in higher education (Busato, Prinsb, Elshouta & Hamakera, 2009). In another study, the motivation in students of dentistry was reported differently across males and females. (Gallagher, Patel, Donaldson, Wilson, 2007). In a research on students of dentistry, for example, male students were more concerned about the factor of income and female students cared more about family's recommendations (Hashemipour, 2006).

In a research comprising several field studies and laboratory experiments, (Boggiano et al 1992) revealed that achievement motivation positively influenced academic performance. Children with an intrinsic motivation orientation had higher reading and math's scores and higher overall achievement scores compared to their extrinsic counterparts (Boggiano et-al 1992). There is a

significant correlation between academic achievement and motivation (Sikwari 2014) and motivation has impact on academic achievement of secondary school students in mathematics with respect to gender (Tella 2007). Highly motivated students performed better academically than lowly motivated students (Tella 2007) and females are highly motivated compared to their male counterparts.(Sikwari 2014).

Objectives of the Study

To compare academic achievement motivation of junior college, science faculty students.

Hypotheses of the study

There is significant difference in academic achievement motivation among boys and girls of junior college science faculty students.

METHODOLOGY

For the present research the sample was selected from a junior college of science faculty Ahmednagar (Maharashtra). Total 96 students were selected of 12^{th} class science faculty. Among them 48 student were boys and another 48 students were girls. The age range of the students were 17 to 18 years (M=27.79 SD=3.56). Simple random probability technique was used for sampling.

Tools

The tool used for the present study was Academic Achievement Motivation Test (AAMT) constructed by Dr. T.R. Sharma (1984). It has 35 items and the maximum possible score is 35. Each item of the test is scored as either +1 or 0.

Statistical Techniques

Mean, S.D. and t-test were used for the data analysis.

RESULT AND DISCUSSION

The following result shown that comparison between boy and girls science faculty junior college student for Academic Achievement Motivation Test.

Table 1 Mean, S.D, df, std error mean, t value of boys and girls of junior college science faculty students.

Students	Mean	Std. Deviation	N	df	Std. Error Mean	t value	Sign.
Boy	27.0625	3.91074	48	94	.36422	76.304	0.01
Girl	28.5208	3.05962	48				

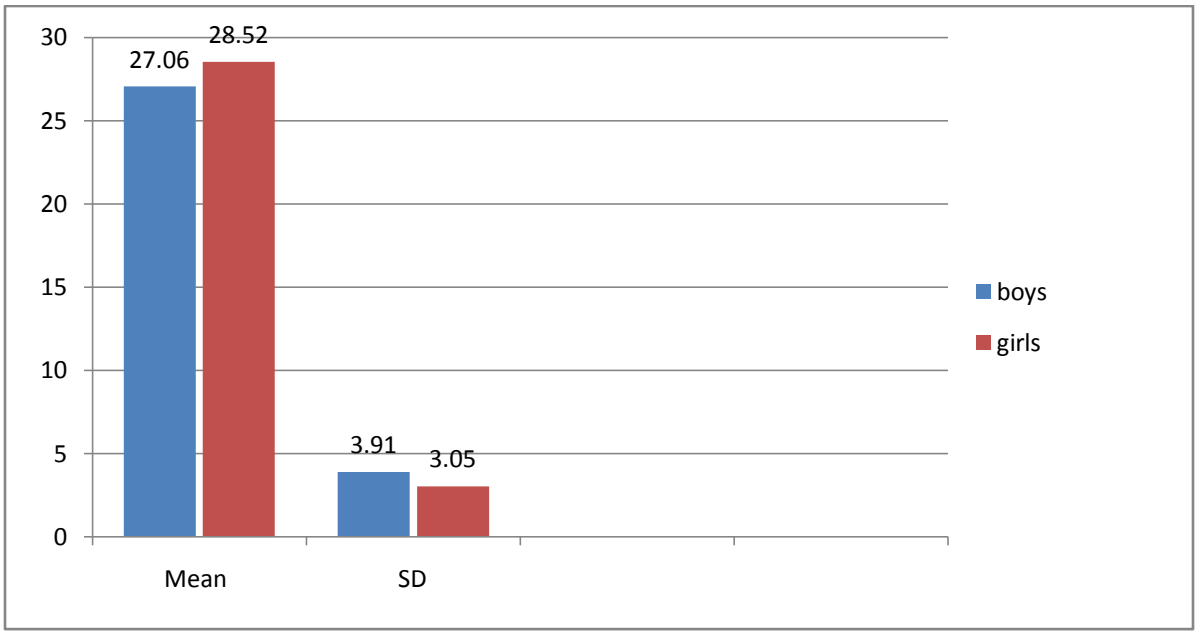


Figure 1 Comparison of Mean and SD of Junior college science faculty students for Academic Achievement Motivation Test.

The table 1and figure 1 showed the comparison of boys and girls of 12th class science faculty student with respect to academic achievement motivation. The mean value of boys was 27.06 and SD was3.91.The mean value of girls was 28.52 and SD was 3.05. The t-value was 76.304 which is significant at 0.01 level. Thus the hypothesis "There is significant difference in academic achievement motivation among boys and girls of junior college science faculty students." was accepted. It means that there is significant difference between boys and girls of junior college science faculty students for academic achievement motivation. The mean value of boys was 27.06 and SD was3.91.The mean value of girls was 28.52 and SD was 3.05. The mean value of girls was higher than the boys which mean that girls have more academic achievement motivation than the boys.

Similar result found from Joshi and Srivastava (2009**).** They were found significantly gender differences in academic achievement motivation. Girls were significantly higher on academic achievement as compared to boys.

CONCLUSION

There was significant difference in boys and girls of junior college science faculty students in academic achievement motivation. Girls have more academic achievement motivation than the boys.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

REFERENCES

Boggiano, A. K., Shields, A., Barrett, M., Kellam, T., Thompson, E., Simons, J., & Katz, P. (1992). Helpless deficits in students: The role of motivational orientation. *Motivation and Emotion, 16, 3, 271-296.*

Busato VV, Prinsb FJ, Elshouta JJ, Hamakera CH. *Intellectual ability, learning style, personality, achievement motivation and academic success of psychology students in higher education*. [cited2009May3]. Available from http://www.sciencedirect.com/ science?

Goc, T. (2010). M. A. Thesis, Dokuz Eylul University, Izmir, Turkey. Hassanzadeh R, Amuee N (Translators). *[Angizesh baraye yadgiry (as nazariyye ta amal)*]. Stapic DJ (Author). Tehran: Donyaye pajohesh. 2001.

Hwang, Y. S., Echols, C., & Vrongistinos, K. (2002). Multidimensional academic motivation of high achieving African American students. *College Student Journal*,36(4), 544-554.

Joshi, S. and Srivastava, R. (2009). Self-esteem and Academic Achievement of Adolescents, *Journal of the Indian Academy of Applied Psychology.* Vol. 35, Special issue, Pp,33-39.

Masaali S. [*Relationship between reading study and academic achievement among students in IU*]. [disseration]. Isfahan: Khorasgan Slamic Azad University.2007.

Sikhwari T.D (2014): A study of the Relationship between Motivation Self- Concept and Academic Achievement of Students at a University of Limpopo Province, South Africa. *International Journal of Educational Science* 6(1) 19-25.

Tella A. (2007). The impact of motivation on student academic motivation and learning outcomes in mathematics among secondary school students in Nigeria. *Eurasi Journal of Mathematics, Science and Technology Education* 3(2), pp 149-55

How to cite this article: Kumavat S (2017), Academic Achievement Motivation among Junior College Science Faculty Students, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.189/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.190/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Need to Change Exam Preparation Strategy

Akhil Subhash Madankar[1]*

ABSTRACT

All over the world, there are different students who acquired the different ways of preparation. Every professional graduator having different mindsets or approach towards the examination. Due to this, some student will get good outcomes in minimum time and some will not get expected outcomes even when they were tried a lot. The examination methods have a large impact on how and when student study and what they learn. The examination should not only be used as a control that a student is qualified, but also as an educational tool to influence the learning process. Over a long period of time, students were thinking that exam would the way where we will express our knowledge. But according to some student will be not. Now a day, a number of students adopted different way of learning and attempting the examination. And getting good marks in an exam will not be an issue. Today, the world is practical oriented. They demand not only the base of knowledge but a group of knowledge along with skills. Also, the way of learning is different than the past decade. Now we have to change our mindset regarding exam and way which will be adopting for it.

Keywords: *Method, Exam Mindset, Ways of Preparation, Examination, Need to Change*

There are many people or student prepare for a different kind of examination. Mode of examination, for different designation, will different like subjective, objective, or oral or any type of physical or mental examination. Students will prepare for them in many ways. Some are starting their preparation before a day, week, month or year too. Also, it having a chance of prolongs learning for examination. We cannot be prepared a subject in a day. If we do that one day before the exam, we cannot achieve a good result. Some people follow the proper exam preparation planning, analysis, practice. I have seen that student who only wants the result and they are not bothered about the knowledge. Also, some student is so much devoted to knowledge and for such student, exam will the way of checking their learning. Some are also believed in practical approach. But in practical we did not get positive support from faculty or even from family and society. There are very rare cases of such seen where people support the practical

[1] Student of Electronic and Telecommunication Engineering, Bachelor of Engineering, Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur, Maharashtra, India
*Responding Author

Received: March 6, 2017; Revision Received: March 28, 2017; Accepted: March 30, 2017

© 2017 Madankar A; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

approach of learning. Because of all above matter, society also copied such people and will try to behave like it. In such cases, we think that society will not affect from it. As per human psychology, a person always tries to others. People will try to copy habit, way of his/her life or look at another person who somewhat nearly similar with their thoughts. This impact is also on way of preparation. Student tries to copy the style of others, but it will not effective.

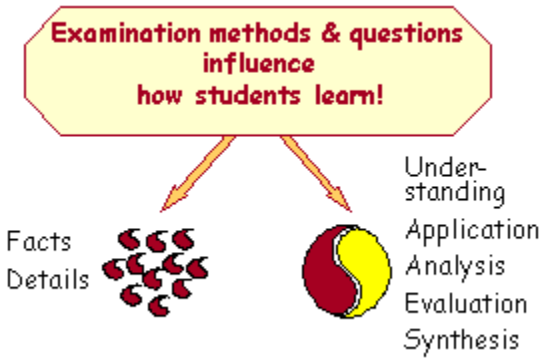


Figure 1: The learning process is influenced by the type of examination.

METHODOLOGY

A] Overview of Various Strategies of Exam Preparation

According to my analysis, the student used the different way of learning. Also, I communicate with different students, I got the same result which was predicted. I mention those cases in following matter-

1. One who will prepare on daily basis.
2. One who will depend on previous year question papers?
3. One who will reliable others (that is when someone will tell them).
4. One who will go with proper planning?
5. One who will be asked others, but unable to follow him/her.

Along with these details, I have been surveyed online by using google forms. Using google form, I was asking few questions related to their preparation. Some questions are multiple choice questions (MCQ) and some are based on short paragraph type. I put an analysis report on that question and their response as follows:

1. What is the purpose of your learning? (Figure 2)
2. When you start your examination? (Figure 3)
3. How would you improve your learning? (Figure 4)

Student responses are represented in form of pie charts [4]:

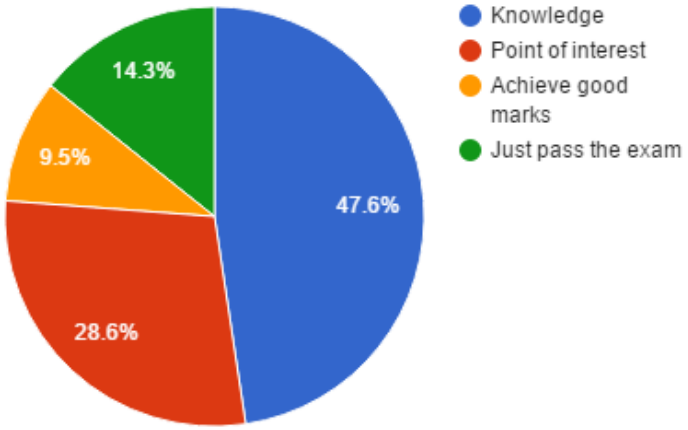


Figure 2: Count of - what is the purpose of your learning?

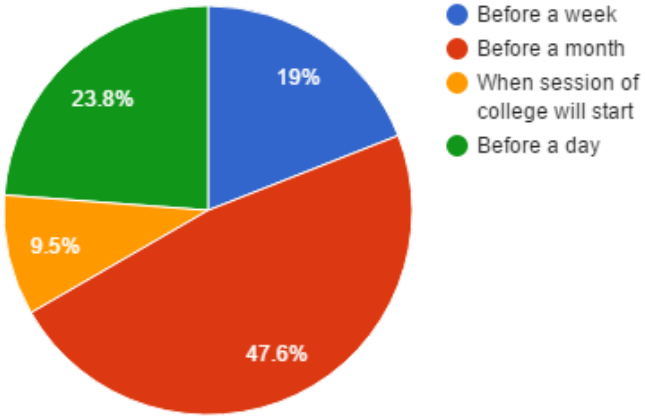


Figure 3: *Count of - when you start your examination?*

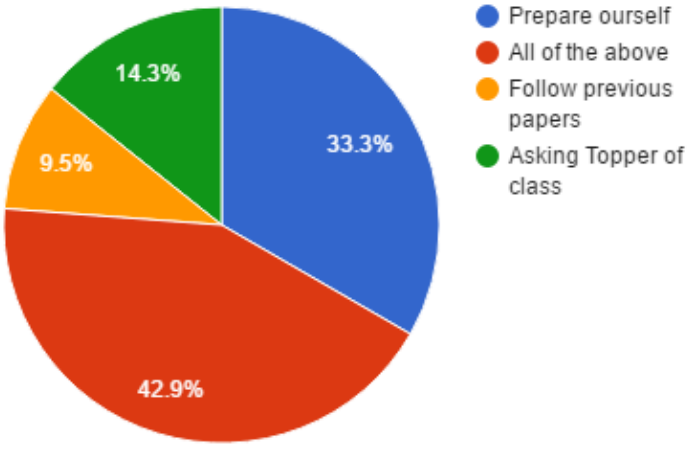


Figure 4: *Count of - How would you improve your learning?*

B] Proper Method for Exam Preparation

In this domain, I have to try to discuss the ways which will be helpful for preparation. There is the different mode of examination such as subjective, objective or oral. I have only discussed subjective mode of examination because many of us facing the problem with this mode.

1. ***Target the days***

 When we come to know that exam dates are released, then we actually come into action. For that purpose, we will be starting our preparation. According to schedule, we are devoted some days for all subjects. This is the important aspect of preparation.

2. ***Prefer difficult first***

 We are also avoiding that a subject which is different to us. Due to this, we will always prepare it at last. Do not try it, because it will be affecting on another subject. We will give time to that subject which is easy to read and understand first. This is a big mistake done by the student. If we will start with difficult subject, it might be help to others subject and take more time to prepare that one subject.

3. ***Analysis of papers***

 Before starting preparation of any subject, we must go through the previous year's exam papers. It will give better guessing of the area or topics where questions will come. This is most important to your exam. It will definitely helpful your examination.

4. ***¾ part of the syllabus***

 Instead of preparing the whole syllabus, we will go with ¾ part of syllabus. It's mean that prepare ¾ part of each unit. Due to this, we will be covering all syllabuses with perfect credibility.

5. ***Get benefit of seasonal examination***

 When a session of an institute is going on, each institute arranges one or two seasonal exams for student assessment. Use this opportunity for doing preparation. Because of this, we will reduce our load on the point view of a final examination. Along with the all above points of method, we will achieve good outcomes.

6. ***Establishing link***

 This is the success key of any subjective examination. While preparing, we must link the topics with any diagram, if exist or with some key points. For a diagrammatical question, we must have to link points with diagram. Due to this, we will remember complete answer and diagram too. Also for a theoretical question, we must have to make some key points which will helpful for answer reconstruction.

C] Essential Supplementary

1. ***Presentation skill***

 While writing the paper, we must have to take attention on our writing. Student must follow proper format for writing. This is most important aspect because when moderator correct paper, you have to give feel that you should be an articulate student.

Suppose one question who asking that explain the things with neat diagram. For such question, writing a header first. Header of an answer must be like heading of any topic. Then, introduce the header in just a line, not more than that. Introduce the diagram which relating the question. After the neat diagram, you must be explaining the things clearly with diagram. Explaining must be in points.

2. ***Time management***

 You could write each and everything related to answer in proper format. But you will lose something when you are not attempting all questions. For that, we will require proper time management. Moderator will impress with your presentation when you will attempt complete questions. Therefore, we must have time management skill.

RESULT AND DISCUSSION

If I conclude my discussion, it will be only used for those students who are lagging in the subjective papers. All above discussion will be helpful and I grantee that student will definitely get good outcome from it. There is only one condition that student will not directly implement. Student should do it in step by step. Because you will implement any other person's strategy, it takes some time. So, implement it in step by step manner. I am not coming to any conclusion because whatever I am telling you, it is my way to prepare. If you follow all steps which are discussed, you will definitely get good outcomes.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

REFERENCES

Daniel. (2017, March 6). *Examination methods influence learning.* Retrieved March 6, 2017, from AGTR, http://agtr.ilri.cgiar.org/index.php?option=com_content&view=article&id=277&Itemid=324

Google Forms is a tool that is part of Google Drive for creating surveys, tests, or web input forms.

Madankar, A. (2017, March 6). *Way of your exam preparation. Retrieved March 6, 2017, from Google form*, https://goo.gl/QWXni3

Pie chart generated by Google forms analysis report.

How to cite this article: Madankar A (2017), Need to Change Exam Preparation Strategy, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.190/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.191/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Self-Efficacy and Positive Life Orientation in Prostitutes

Dr. Soni Kewalramani[1]*, Ms. Shreya Srivastava[2]

ABSTRACT

Prostitution is the business or practice of engaging in sexual relations in exchange for payment or some other benefit. Though very common in society, this is one segment of population which is not studied psychologically in depth. Very few researches are reported in literature which studies them from the perspective of positive psychology. The present study is one such attempt. The objective of the present study is to measure Self-Efficacy and Positive Life Orientation in prostitutes and general population female. The sample of the present study comprised of 50 general population female and 50 prostitutes. Before formulating the assumption, a pilot study was done which led to the understanding that prostitutes do feel a sense of accomplishment. The result of the study, however, do not support the assumption formed that prostitutes will be higher on self-efficacy and positive life orientation. . The present study result shows that Self-Efficacy is higher in general population female than prostitutes and no such difference in Positive Life Orientation in both the population.

Keywords: *Prostitution, Self-Efficacy, Positive Life Orientation*

Who is a prostitute? Prostitute is a person typically a women who engages in sexual activities in exchange for payment.

Prostitution is the business or practice of engaging in sexual relations in exchange for payment or some other benefit. A person who works in this field is called a prostitute, and is a kind of sex worker. Prostitution is one of the branches of the sex industry. It is a very old and universal phenomenon, and even oftentimes referred to as “the world’s oldest profession.” Despite its universality, the legal status of prostitution varies from country to country, from being permissible but unregulated, to a punishable crime, or to a regulated profession.

"Prostitute" is derived from the Latin prostituta. Some sources cite the verb as a composition of "pro" meaning "up front" or "forward" and "situere", defined as "to offer up for sale". Another

[1] Assistant Professor, Amity University Uttar Pradesh, Lucknow Campus, India
[2] MA Counselling Psychology, Amity University Uttar Pradesh, Lucknow Campus, India
*Responding Author

Received: February 28, 2017; Revision Received: March 29, 2017; Accepted: March 30, 2017

© 2017 Kewalramani S, Srivastava S; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

explanation is that "prostituta" is a composition of pro and statuere (to cause to stand, to station, place erect). A literal translation therefore is: "to put up front for sale" or "to place forward". The online Etymology Dictionary states, "The notion of 'sex for hire' is not inherent in the etymology, which rather suggests one 'exposed to lust' or sex 'indiscriminately offered.'"

The person who renders sexual services and receives the payment is called a prostitute or sex worker. The word "prostitute" was then carried down through various languages to the present-day Western society. Most sex worker activists groups reject the word "prostitute" and since the late 1970s have used the term "sex worker" instead. However, a "sex worker" can also mean anyone who works within the sex industry or whose work is of a sexual nature and is not limited solely to prostitutes. They vary from either engaging in heterosexual or homosexual activity, and their kind of prostitution occurs in a variety of forms.

Sex Worker

The term "sex worker" was coined in 1978 by sex worker activist Carol Leigh. Its use became popularized after publication of the anthology, Sex Work: Writings By Women In The Sex Industry in 1987, edited by Frédérique Delacoste and Priscilla Alexander.The term "sex worker" has since spread into much wider use, including in academic publications, by NGOs and labor unions, and by governmental and intergovernmental agencies, such as the World Health Organization.

The term is strongly opposed, however, by many who are morally opposed to the sex industry, such as social conservatives, anti-prostitution feminists, and other prohibitionists. Such groups view prostitution variously as a crime or as victimization, and see the term "sex work" as legitimizing criminal activity or exploitation as a type of labor. A sex worker is a person who works in the sex industry. The term is used in reference to all those in all areas of the sex industry including those who provide direct sexual services as well as the staff of such industries. Some sex workers are paid to engage in sexually explicit behavior which involves varying degrees of physical contact with clients (prostitutes, escorts, some but not all professional dominants); pornography models and actors engage in sexually explicit behavior which are filmed or photographed. Phone sex operators have sexually-oriented conversations with clients, and do auditive sexual roleplay. Other sex workers are paid to engage in live sexual performance, such as web cam sex and performers in live sex shows. Some sex workers perform erotic dances and other acts for an audience (striptease, Go-Go dancing, lap dancing, Neo-burlesque, and peep shows).

Factors Driving Entrance into Sex Worker

Factors causing girls and young women to join sex work revealed common trends push factors included: familial poverty (leading to dropping out of school due to lack of support from parents), education and inherited sex work. Pull factors included: friends, financial need etc.

these are the push and pull factors that cause girls or young women get indulge into sex work. Money is one of the important factor as one needs money to live. Girls from rural areas have to face many financial problems due to which they had to drop out from school. Low education takes place and due to pressure of parents they indulge in sex work. As they get paid for this job the money is been given to their parents. They are not supposed to be in touch with their family once they entered this field. Mental health also suffers of an individual working in this field so as physical health. There is a strong relationship between mental ill-health, risk-taking behaviors, drug use and sexual behaviours among commercial sex workers. Prostitution is associated with a host of psychosocial vulnerabilities, including exposure to childhood physical abuse, childhood sexual abuse, and interpersonal violence in adulthood and substance uses. As described by Medrano and Gilchrist, prostitution is often linked with socio-demographic disadvantages like minority ethnic status, low income, homelessness and low

Types of Sex Work

1. ***Sex workers as victims of trafficking***

 Sex trafficking involves some form of forced or coerced sexual exploitation that is not limited to prostitution, and has become a significant and growing problem in larger global community. Sex trafficking is a critical health issue with broader social implications that requires both medical and legal attention. Healthcare professionals can work to improve the screening, identification, and assistance of victims of sex trafficking in a clinical setting and help these women and girls access legal and social services.

 Human trafficking is a modern-day form of slavery that involves the illegal trade of human beings for the purpose of some form of forced exploitation. The United Nations Office On Drugs and Crime (UNODC) defines human trafficking as any form of recruiting, transporting, transferring, harboring, or receiving a person by means of threat or use of force or other forms of coercion, abduction, fraud, or deception.1 There are approximately 800,000 people trafficked across international borders annually and, of these, 80% are women or girls and 50% are minors.2 Although the degree of trafficking among countries and continents is variable, it is clear that global trafficking has become a growing problem

 The two most common purposes for human trafficking are sexual exploitation and forced labor. Victims of sex trafficking are forced into one or more forms of sexual exploitation. It is important to note that sex trafficking and prostitution are not synonymous and that prostitution is simply one type of work performed by victims of sex trafficking. Sex trafficking is an umbrella term that may include commercial sex work such as prostitution, but also pornography, exotic dancing, stripping, live sex shows, mail-order brides, military prostitution, and sexual tourism. Although victims of sex trafficking can be of any age and of either sex, the majority are women and adolescent girls.

 There are several recurrent tactics of manipulation used to coerce victims into situations of sex trafficking .Most commonly, victims are promised a good job, education, or citizenship in a foreign country or offered a false marriage proposal that is turned into bondage. Many

victims are sold into the sex trade by parents, husbands, and significant others, whereas others are unwillingly and forcibly kidnapped by traffickers. The most common tactic of coercion used among victims is debt bondage, an illegal practice where the victim has to pledge personal services in order to repay some form of debt, such as transportation into a foreign country or living expenses.3 Sex traffickers may often approach families living in poverty and seek to purchase girls or young women with the promise of a better life in a richer nation.

2. ***Male and transgender sex workers***

 Male sex workers often enter sex work for different reasons to female sex workers. It is claimed that male sex work is often linked with the commercial gay scene in which drug use and alcohol is common among workers and clients. Additionally, a small proportion of male sex workers have female clients.

 A study by Wilcox and Christmann (2006), which interviewed male sex workers in Yorkshire, found no forms of coercion among their sample population. However, while the majority of male sex workers are not subject to the same level of vulnerability and exploitation, young and particularly homeless men are susceptible to exploitative behaviour. In addition, few services and outreach programmes target male sex workers or are equipped to deal with their needs (UK NSWP, 2008c).

 Information on the lives of transgender sex workers is also scarce. Many are said to suffer from the double stigmatisation of being a sex worker and transgender. It is claimed that in some cases, sex work is one of the only viable options for transgender people, turning to sex work to fund their treatments and experiencing difficulty in finding other forms of employment (UK NSWP, 2008c). Again, the services available to this group are very limited. Moreover, government policy has on the whole excluded male and transgender sex workers from policy discussions and tended to focus all of its attention on female sex work (Whowell, 2010).

3. ***Direct and indirect sex work***

 Direct sex work refers to services, such as indoor and outdoor prostitution as well as escort services. This type of sex work typically involves the exchange of sex for a fee in which genital contact is common.

 Indirect sex work refers to services, such as lap dancing, stripping and virtual sex services (over the internet or phone). Genital contact is less common in this type of sex work; however, a fee is still exchanged for the services. People who are sex workers are people who also might self-identify as or be identified as Exotic dancers/strippers, Phone sex operator, Escorts, Prostitutes, Porn actors/actresses etc.

Positive Life Orientation

Positive thinking and positive orientation towards crises has wide implications in recovery from stressful events as well as in one's reactions to everyday experiences. The desired positive effect works through perceived positive appraisal of the given situation. The positivity bias creates a

desired state of mind necessary to deal with life positively, in general. This tendency yields positive results aimed at life enhancement in all circumstances.

The authors studied the positivity bias and introduced the concept of positive life orientation (PLO). They developed a scale on PLO which was initially studied in relation to recovery from myocardial infarction (Agrawal, Dalal, Agarwal, & Agarwal, 1995). PLO was defined as a positive mindset, in which reality is construed in a manner so as to derive a positive meaning out of any given situation. This positivity bias is a predisposition to selectively focus one's attention on the brighter side of one's life experiences. The operational definition of PLO describes it as the ability of the individual to emphasize the positive aspects of a crisis, to make positive comparisons, and maintain a positive attitude towards life in general.

Self-Efficacy

Self-efficacy theory was originated from Social Cognitive theory by Alberta Bendura. Self-efficacy is the belief that one has the power to produce that effect by completing a given task or activity related to that competency. Self-efficacy relates to a person's perception of their ability to reach a goal. It is the belief that one is capable of performing in a certain manner to attain certain goals. It is the expectation that one can master a situation, and produce a positive outcome. Self-efficacy is an important concept in positive psychology.

Bandura's Social Cognitive Model says that there are 3 factors that influence self-efficacy:

1. Behaviors
2. Environment, and
3. Personal/ cognitive factors.

They all effect each other, but the cognitive factors are important. Self-efficacy developing from mastery experiences in which goals are achieved through perseverance and overcoming obstacles and from observing others succeed through sustained effort. Self-efficacy and self-esteem are different concepts, but related. Self-efficacy relates to a person's perception of their ability to reach a goal, whereas self-esteem relates to a person's sense of self-worth. Self-efficacy is the most important precondition for behaviour change.

Rationale of the Research

In Indian society people has stereotype thinking about sex workers. People are not very open about this topic. India has been reserved by the fact that sexuality in any form is rarely discussed openly. Even sex workers are human beings so why can't they be treated with equality, so what if they are in such profession. The researcher wants to do the work on this topic particularly because, she have heard lot of stories about sex worker's personal life, which motivates her to do research work in this area. As we all understand that both mental and physical healths are very important in an individual's life. So why this discrimination? Sex workers should be given equal

rights. They should be provided with proper medication and treatment when required. But willingly no one takes a first move to do something for these sex workers just because they are termed as “sex workers”. This is an issue about which people should get aware of and stop being a stereotype thinker. The researcher has attended some lectures on sex workers and their lives, which really motivated her to work on this topic. She has lot of queries to get an answer for regarding this topic. Many factors drive women to enter as sex worker like the first and the most obvious is money-. Prostitution or sexual gratification for money is perhaps the world’s oldest known trade. The changing face of the dark trade has now broadened to include street prostitution, massage brothels, escort services, strip clubs, lap dancing, phone sex, child prostitution and sex tourism. This high risk industry is fraught with violence and abuse but keeps growing by the day. Then second factor is low education, dropping out school, financial need, homeless and runaway issues, violence, victims of trafficking, one of the push factor is children living in a sex work environment etc. reasons for getting into this field could be many more but these are some major factors which make girls or young women enter into sex work. The most important point which really motivated the researcher to work on this topic was the experience the researcher had while talking to her sister on prostitutes and their personal lives as her sister shared some experience she had when she met them through an NGO where she worked.

REVIEW OF LITERATURE

Review of literature suggests that many studies have been conducted in the area of prostitution. The present chapter deals with the review of existing sex worker research.

Melissa Farley who conducted an extensive research on prostitution in the US in 2015, observes in her “Prostitution: Fact sheet on Human Rights Violations”, that prostitution involves sexual harassment, battering, rape, verbal abuse, childhood sexual abuse and a violation of human rights on the whole. Farley writes, "Whether it is being sold by one's family to a brothel, or whether it is being sexually abused in one's family, running away from home, and then being pimped by one's boyfriend, or whether one is in college and needs to pay for next semester's tuition and one works at a strip club behind glass where men never actually touch you – all these forms of prostitution hurt the women in it."

Qiao S, et al. (2014) conducted a study on Psychological Fears among Low-Paid Female Sex Workers in Southwest China and Their Implications for HIV Prevention. Compared with other women of reproductive age, female sex workers are taking a disproportionately high burden of HIV infection due to biological, behavioral and structural risk factors. These female sex workers are more prone, as their “clients” refuse to use protective devices or methods. Here the low-paid sex workers are more vulnerable to this because of their social demographic characteristics, life history and working environment. Some worried about breaching their sex worker identity (either to family members or acquaintances). Some feared being arrested by the police. Some expressed their fear of not getting paid by clients. The relationship between fear of HIV infection

and condom use is consistent with psychological fears. Though fear of breaching their identity might be an important issue that needs to be addressed in HIV prevention. Psychological fears can play an important role in HIV prevention social marketing or other public health campaigns. Strengthening their trust in HIV-testing facilities and health care providers will be very important to promote access to testing and other HIV prevention and treatment services.

Dr. Subadra Panchanadeswaran, et al. (2010) conducted a study on " a descriptive profile of abused sex workers in India". This descriptive study presents the profiles of abused female sex workers (FSWs) in Chennai, India. Of 100 abused FSWs surveyed using a structured questionnaire, severe forms of violence by intimate partners were reported by most (98%) respondents. Of the total sample, 76% experienced violence by clients. Sexual coercion experiences of the FSWs included verbal threats (77%) and physical force (87%) by intimate partners and forced unwanted sexual acts (73%) by clients. While 39% of the women consumed alcohol before meeting a client, 26% reported that their drunkenness was a trigger for violence by clients. The findings suggest that there is an urgent need to integrate services, along with public-health interventions among FSWs to protect them from violence. Recognition of multiple identities of women in the contexts of intimate relationships versus sex work is vital in helping women to stay safe from adverse effects on health.

Rössler W1, et al. (2010), Department of General and Social Psychiatry, Psychiatric University Hospital Zurich, Switzerland, conducted a study about "the mental health of female sex workers" which reveals as the a quota-sampling strategy was the best possible alternative. Sex workers were contacted at different locations in the city of Zurich. They were interviewed with a computerized version of the World Health Organization Composite International Diagnostic Interview. Additional information was assessed in a structured face-to-face interview. It was found that 193 interviewed female sex workers displayed high rates of mental disorders. These mental disorders were related to violence and the subjectively perceived burden of sex work.

Xiaoyi Fang, et al. (2007), Beijing Normal University Institute of Developmental Psychology, Beijing, China conducted a study on "Profile of female sex workers in a Chinese county: Does it differ by where they came from and where they work?" which reveals that most existing studies on commercial sex in China have been conducted in large cities or tourist attractions. Using data from 454 female sex workers in a rural Chinese county, The findings of the current study underscore the urgent needs for effective HIV/STD prevention intervention and mental health promotion program among female sex workers in China. The data in the current study suggest a strong association of individual profile with the economic conditions of work sites and residence status (in-province residency versus out-province residence) which suggests that such efforts must take the social and cultural contextual factors of their working environment (and sexual risks) into consideration.

Lowman (2000), profiles the murders of sex workers in British Columbia from 1964 to 1998. Lowman argues the media accounts of the “get rid of prostitutes” activities that were initiated by politicians, police and residents during the 1980s contributed to a ""“sharp increase in the murders of prostitutes after 1980. Lowman argues there are two forms of violence against prostitutes: situational (violence that occurs during the “course of a transaction”) and predatory (premeditated violence). However, this violence must be understood as part of a ""“continuum of violence against women more generally”.

Schissel et al.(1999) explored the “culture of violence” experienced by young prostitutes by analyzing youth probation files in Regina and Saskatoon. In addition to uncovering high levels of childhood physical and sexual abuse among youth prostitutes, the authors find several examples of indirect and direct victimization. As the authors note: ""“prostitution creates a context in which those youth who are involved will run a high risk of being damaged by a predator or by themselves - whether directly through assault and self-injury or indirectly through high-risk behaviour”"

Minichiello, et al. (1999) examined customers of male prostitutes by asking male sex workers their perceptions of the characteristics of clients. One hundred and eighty-six sex workers participated in the study, providing information on 2,088 encounters and profiles for 1,776 clients. Most clients were perceived as being “middle class.” “Rich” clients tended to use services provided by an escort agency, while “poor” clients used the services of street workers. Most clients were identified as being gay (45%) or bisexual (31.3%). Drug and alcohol use by clients before the sexual encounter was uncommon. Customer violence was reported infrequently (occurring more frequently with street clients than with other types of clients.

Mansson et al. (1999) research included interviews with 23 women between the age of 20 and 58 who had left the sex trade in Sweden.[13] The authors suggest the decision to enter prostitution is influenced by a difficult childhood (e.g. physical, sexual and emotional abuse), accompanied by low self-esteem. " (e.g., difficulty understanding their life in prostitution, living in marginal situations, problems with intimate and close relationships). The authors suggest an individual’s commitment to change plays an important role in the process of exiting, a process encouraged by a variety of interpsychological and interpersonal factors. "
Dorais (1996) suggested that some male victims of childhood sexual abuse might become involved in “aggressive prostitution” as a means of diverting revenge against the true aggressor.

Bartek, et al. (1993) conducted interviews with 20 juvenile delinquents involved in prostitution, 20 non-prostitute juvenile delinquents and 20 control subjects. Respondents were asked questions based on the Moral Judgment Interview (MJI) and Joffe and Naditch’s coping and defending test. Delinquents characterized as “low coping” made ""“lower level moral judgments on the prostitution dilemma than on the less personally relevant MJI dilemmas,”" revealing a

relationship between moral reasoning and moral judgment.The psychology literature provides information on the short- and long-term impact of youth involvement in prostitution. However, most of these studies place the locus of responsibility for the decision to prostitute within the individual. In other words, it does not account for structural variables (e.g., poverty, unemployment, lack of housing) that also impact a youth's decision to enter the sex trade. Some researchers, however, have combined psychological and sociological variables to address this critique. Edney (1988 and 1990) argued that young prostitutes who had been sexually abused during childhood experienced a severe loss of self-esteem, and they exhibited poor physical and mental condition; however, their decision to prostitute was also affected by their social structure (i.e., cultural factors, gender stereotypes, family schools, employment structures, etc.). For young female prostitutes, Edney's (1990) research suggests that ""...sexual abuse and the victims' responses to sexual abuse prepared and trained the young girls for prostitution."

While focusing on the psychological development of young prostitutes and the psychological impact of being involved in the sex trade, Coleman (1989) found that disruptions in the psychosexual and psychological development of young males may contribute to their participation in ""destructive and non-ego enhancing prostitution activities."

Many youth who run away from home (as noted above, often from physically and sexually abusive home environments) may be drawn to the streets by a sense of excitement and a desire for money and independence (Michaud, 1988). However, once on the streets, the research indicates that some of these youth may turn to prostitution as a means of subsistence. He noted that problems associated with homelessness (such as youth unemployment) provide the impetus for some youth to enter prostitution as a source of income.

There is very little research on if, why, and how prostitutes choose to leave the sex trade. Boyer (1986) examined youth in the care of the Seattle Youth and Community Services (SYCS) to ""identify factors and attributes precipitating a youth's decision to seed or sever links with services and continue or discontinue prostitution and 'street' behavior."" "The youth who successfully exited 'street' lifestyles compared to those who have not exited had experienced less child abuse prior to street involvement, had spent more time with parents or parental figures, and had become involved in street life at a later age.""

METHODOLOGY

Objective

To measure Positive Life Orientation and Self-Efficacy in prostitutes and general population female

Assumption- Self-Efficacy and Positive Life Orientation will be higher in prostitutes than general population female.

Sample

The sample of the present study comprised of 50 general population female and 50 prostitutes.

Method of Sampling

Incidental sampling was used for data collection in the present study to collect the data.

Research Design

The present study research design is Ex-post facto research design

Tools Used

1. **Self-Efficacy Scale:** The scale intends to assess the level of self-efficacy. It consists of 22 items, dealing with eight factors which are (Self regulatory skills, Self influence, Self confidence, Social achievement, Self, Self-evaluation, Self -esteem and Self-cognition) in this scale the items arein two forms i.e, positive and negative. In this scale each item describes human self-efficacy in different situations in the society. The scale presents belief items to denote self-efficacy on the scale. It was developed by (Hindi Version) Dr. (Mrs.) G.P.Mathur and Dr. (Mrs.) Raj Kumari Bhatnagar.

 Reliability: reliability co-efficient of the scale was measured by test-retest on a sample of 600 (300 male and 300 female). In male it ranges between .73 to .81 and in female .78 to .86 and is significant at 0.01 level of significance.

 Validity: to obtain concurrent validity co-efficient of self –efficacy scale, the scale was compared with the views of experts' rating. Validity ranges in male .73 to 81 and in female .76 to .83.
2. **Positive Life Orientation Scale:** The scale consists of 11 items about the tendency among people to interpret life situations in a positive or negative manner. It was developed By Dr. Manju Agrawal and Dr. Ajit K. Dalal in 1995.

 RELIABILITY: The internal consistency of PLO scale is 0.86, the split-half reliability is found to be 0.62 and the test-retest reliability coefficient obtained was 0.79. Thus, all three reliability scores are high and suggest that the PLO scale is a highly reliable scale.

Method of Data Collection

The data collection of general population female was done in Amity University. Where the girls were told by the researcher about the present study and were instructed to cooperate and give the answers to the questions asked. Second population was prostitutes; the data collection was done in Delhi. The researcher went with an official letter to collect data from prostitutes. The researcher also had contacts which made it easier to go to the brothels and get data. Building a rapport with the prostitutes was not at all easy, it took 2 days to make them understand why the researcher wants to talk to them and need them to answer some questions. The researcher told them that she is doing a study on them to know them better on personal level. The questionnaires were given in Hindi as well, to understand it easily by listening the questions through the

researcher as the prostitutes were illiterate. There are two different scales, There are 22 questions given here which the researcher request you to answer them by a tick on one of the five alternatives options which you think is appropriate according to you. Like this you have to attempt all the 22 questions. There are no right or wrong answers. There is no time limit, where ever you don't understand the question you are free to ask the researcher. All the information given by you will be kept confidential. After finishing these 22 questions go to the second scale which scale consists of 11 items which has four options that are (not at all, somewhat, much and very much) the researcher requests you to answer each question by a tick on one of the options you think is appropriate according to you. There are no right or wrong answers. There is no time limit, where ever you don't understand the question you are free to ask the researcher. All the information given by you will be kept confidential.

Statistical Analysis

In the study the researcher has used the t-test to find out Self-Efficacy and Positive Life Orientation higher in prostitutes than in general population female.

RESULT

Table 4.1 Showing Mean, SD and t-test

Population		Mean	Std. Deviation	df	t
SES	General population Female	-.4746	.78375	98	-3.353
	Prostitutes	-.0748	.31068	64.028	-3.353
PLO	General population female	28.4600	4.38555	98	-223
	Prostitutes	28.6200	2.57056	79.115	-223

The table 4.1 shows t-test results of Self –Efficacy and Positive Life Orientation in general population female and prostitutes.

The researcher assumed Self-Efficacy and Positive Life Orientation higher in prostitutes than general population female.

The present study result shows that Self-Efficacy is higher in general population female than prostitutes and no such difference in Positive Life Orientation in both the population.

One study reported by Zaplin (1998) suggested role of self-efficacy in life of prostitute. In the book name Female Offenders: Critical perspective and effective interventions by Ruth .T. Zaplin. There was a section (programs that work: working with prostitutes) in which there was a program organized named "Regaining Esteem Stopping Prostitution by Education and Continued Treatment (RESPECT). Evaluation of effective program shows several elements that promote successful outcomes. The most important is the inclusion of activities that enhance self-efficacy. Self-efficacy is defined as the confidence an individual has in specific areas. Often prostitutes have high self-efficacy in areas pertaining to their ability to provide prostitution services,

however do not have high self -efficacy in areas that can help to stop the offending behavior. This research mentions high self –efficacy among prostitutes but the same was not found in the present research.

The assumption that prostitutes will be higher on Self- Efficacy and Positive Life Orientation was the result of detailed discussion which researcher indulged in as a pilot study. When discussions were done it was found out that prostitutes did feel a sense of accomplishment and confident in themselves. They mention that their profession gave them the ability to give a respectful life to their children and they can give a better future to them. They said they perceive their profession as their ability to reach the goal of giving a better life to their children. This made the researcher wonder if the studies conducted so far on prostitution which revolve around negative constraints have been only one part of the picture. With this assumption the present research was planned. But the results concluded do not support this assumption. One of the reasons could be the tools themselves. Social desirability might have played a role in the present situation. Since the topic chosen is very specific, the tools also needed to be specific and suitable to the sample. This was not possible in the present research due to paucity of time. The researcher strongly feels that specific tools need to be developed with in-depth interviews to provide qualitative data for future research in this direction. This maybe initial step in the direction of study of psychology of prostitutes. There have also been demands of declaring prostitution as a profession. In itself, prostitution serves many purposes as it prevents- rape and marital abuse- both physical and sexual. Such studies may bring prostitution in another light and helps in understand their lives and psyche better.

CONCLUSION

The researcher assumed Self-Efficacy and Positive Life Orientation higher in prostitutes than general population female but the results concluded do not support this assumption. The present study result shows that Self-Efficacy is higher in general population female than prostitutes and no such difference in Positive Life Orientation in both the population.

Suggestions

1. More variables can be included like resilience, life satisfaction
2. Tools should be available in local languages.
3. More specific tools suitable to sample population are required.

Limitations

1. Limited sample size
2. Limited geographical area

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

REFERENCES

Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. *International Review Of Psychiatry*

Baral, S., Beyrer, C., Muessig, K., Poteat, T., Wirtz, A., & Decker, M. et al. (2012). Burden of HIV among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis. *The Lancet Infectious Diseases*

Fajans, P., Ford, K., & Wirawan, D. (1995). AIDS knowledge and risk behaviors among domestic clients of female sex workers in Bali, Indonesia. *Social Science & Medicine*

Prostitution Research & Education. *Prostitutionresearch.com*., from http://www.prostitutionresearch.com

Review of Related Literature - Research Papers - 3643 Words. *StudyMode*. from http://www.studymode.com/essays/Review-Of-Related-Literature-1494412.html

Rössler, W., Koch, U., Lauber, C., Hass, A., Altwegg, M., Ajdacic-Gross, V., & Landolt, K. (2010). The mental health of female sex workers. *Acta Psychiatrica Scandinavica*,

Sexual behavior and condom use among patients with sexually transmitted diseases in Jinan, China. (2001). *Am J Public Health*

Stolzberg, S. (2005). Prostitution, Trafficking, and Traumatic Stress. *Permj*,

Wang, J., Jiang, B., Siegal, H., Falck, R., & Carlson, R. (2001). Level of AIDS and HIV Knowledge and Sexual Practices Among Sexually Transmitted Disease Patients in China. *Sex Transm Dis*

Wilcox and Christmann (2006) from the website http://*webarchive.nationalarchives.gov.uk/.../horr27c.pdf*

Wright, N., & Stickley, T. (2012). Concepts of social inclusion, exclusion and mental health: a review of the international literature. *Journal Of Psychiatric And Mental Health Nursing*

Yang, H., Li, X., Stanton, B., Chen, X., Liu, H., & Fang, X. et al. (2005). HIV-Related Risk Factors Associated with Commercial Sex Among Female Migrants in China. *Health Care For Women International*

Yang, H., Li, X., Stanton, B., Fang, X., Lin, D., & Mao, R. et al. (2005). Workplace and HIV-related sexual behaviours and perceptions among female migrant workers. *AIDS Care*.

Zaplin, R. (1998). *Female offenders*. Gaithersburg, Md.: Aspen Publishers.

How to cite this article: Kewalramani S, Srivastava S (2017), Self-Efficacy and Positive Life Orientation in Prostitutes, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.191/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.192/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

A Study on Mental Health and Quality of Work Life among teachers Working in Corporate Schools

G. Deepika Mudiraj[1]*

ABSTRACT

Mental Health is considered to be an important factor influencing individual's behaviour, activities, happiness and performance. According to Laddell, "Mental Health is the ability to make adequate adjustments to the environment". Bhatia (1982) considers it as the ability to balance feelings, desires, ambitions and ideals in one's daily living. The factor which can contribute to Mental Health is the Quality of work life which is defined as set of favourable conditions and environments of a workplace that supports and promotes employee satisfaction by providing them with rewards, job security and growth opportunities. Therefore, a teacher's mental health is considered to be an important aspect for an effective schooling system in India and hence, the present study aims to study how quality of work life relates to mental health and its impact on the teachers working in Corporate Schools. The sample for the study consists of 80 teachers who are currently working in different corporate schools. The tools used for this study are Mental Health Inventory (MHI) developed by Dr Jagdish and Dr. AK Srivastava and Quality of Work Life Scale by Dr. Santosh Dhar, Dr. Upinder Dhar and Dr. Rishu Roy.

Keywords: *Mental Health, Quality Of Work Life, Schools, Corporate*

Mental health plays and important role influencing individual's various behaviors, activities, happiness and performance. During the second half of the twentieth century mental health was considered as the absence of mental disease but now in the present time it is been described in a more positive way and not merely as the absence of mental illness. Mental Health can be explained as the ability of person to balance one's desires and aspirations in order to cope life stresses and to make psycho- social adjustment. According to Ladell, mental health has been described as the ability to make adequate adjustments to the environment, on the plane of reality. Menninger in the year 1945 writes that, " let us define mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. It is the ability to maintain even temper, alert intelligence, socially considerate behavior and a happy

[1] Assistant Professor, AV College of Arts, Science and Commerce. Hyderabad. Telangana, India
*Responding Author

Received: March 23, 2017; Revision Received: March 29, 2017; Accepted: March 30, 2017

© 2017 Mudiraj D; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

disposition". According to Bhatia (1982) mental health is the ability to balance feelings, desires, ambitions and ideals in one's daily living. It is the ability to face and accept the realities of life.

According to Hian and Einstein (1990), The term Quality of work life was first introduced in 1972 during international labour conference. According to Robbins Quality of work life is a process by which and organization responds to employees needs by developing mechanisms to allow them to share fully in taking decisions that design their lives at work. It is also defined as a set of favorable conditions and environments of workplace that support and promote employee satisfaction by providing them rewards, job security, and growth opportunities. Allen in the year 2001 described quality of work life as the variety of efforts to improve productivity through improvements in humans. Quality of work life can also be described in terms of human growth, exciting workplace, creativity and innovativeness, concern for individuals and democratization of work place. Overholt in the year 1997 has explored that the values towards work have radically changed in the recent years and today, an employee not only looks for challenging jobs, but for more humanized jobs, better work environment and statisfaction of higher order needs such as autonomy, participation, corporate status etc, and if job contains all these elements then it will definitely improve quality of work life and that in turn will improve the performance of the employees. Duncan (2002) clearly states that incompatibility of work, stress, tiredness, ill health and lack of leisure time not only affect the family life but also opportunities for career advancement. Quality of work life has been well recognized as a multi dimensional construct universally and has the capability to influence the performance of the employees and almost everything in the organizations.

REVIEW OF LITERATURE

G nasl Sarajiand H Dargahi conducted a descriptive and analytical study which shows that the employees were dissatisfied with the occupational health and safety and whereas in the level of senior and intermediate managers some of the factors like income, balance between time and time spent working with family indicated that the work which they are doing is not interesting and satisfying.

According to **European Foundation for Improvement of living conditions in the year 2002** explained that the quality of work life is a multidimensional construct which is made up of number of interrelated factors which needs careful consideration. It is associated with job satisfaction, job involvement, motivation, productivity, health, safety, job security, competence, development and balance between work and non work life.

Jerome (2013) in his research on "a study on quality of work life of employees at Jeppiaar cement private ltd: Perambalur) concludes that the quality of work life contributes to workers performance in a holistic manner. They have also seen whether there exists any relationship between the age of respondents and their quality of work life and it was seen that there exists no significant relationship between them.

Elisa and Epel (2002) studied mental health and ageing .it reveals that women show more ageing by stress and suffering.

Dr. Mohana in his study" A Study, related to mental health of teachers with reference to level of Teaching and Teaching experience" focused on mental health of teachers in relation to teaching experience and the it has been revealed that the level of teaching and teaching experience do not significantly differ in their mental health

Problem

- To assess the effect of Mental Health on Quality of Work Life among Teachers working in corporate schools

Objectives

- To see the relationship between mental health and Quality of work life
- To see which factors of Quality of work life influence Mental Health

Hypothesis

- There will be a positive relationship between mental health and Quality of Work Life
- Certain factors of quality of work life will have an influence on mental health of teachers working in corporate schools

Tools used

1. Mental Health Inventory by Dr. Jagdish and Dr. AK Srivastava

It was developed in the year 1983 inorder to access positive aspects of mental Health, items range from 1 to 54 rated on a 4 point rating scale and covers 6 dimensions of mental health:

1. 1.Positve self evaluation(PSE)- self confidence , self acceptance, realization of one's capabilities
2. 2. Perception of Reality (PR): relates to absence of excessive fantasy, and accept realities of life
3. Integration of personality(IP)- indicates balance of psychological forces in individual
4. Autonomy(AUT)- the actions of people are independent rather than dependent
5. Group oriented attitudes(GOA)- ability to work with others
6. Environment Mastery(EM): efficiency in meeting situational demands

2. Quality of work life scale(QWLS) by Dr. SantoshDhar and Dr.UpinderDhar

This scale consists of 45 items rated on a 5 point scale to assess the quality of work life and divided into 10 factors which can be categorised in four dimensions

factor 1 : stability of tenure
Factor 2: growth opportunities
Factor 3: Employee Satisfaction

Factor 4 : competent employees
Factor 5 : Value Orientation
Factor 6:Innovative practices
Factor 7 : Work Life Balance
Factor 8 : Human Relations
Factor 9: Learning orientation-
Factor 10:Challenging Activities

Dimensions

1. Proactively : factor 4, factor 2, factor 5
2. Work life Balance: factor 7, factor 1, factor 10
3. Human relations : factor 3, factor 8,
4. Learning Organisation : factor 9 and factor 6

Sample

A sample of 80 Female teachers working in corporate schools in the vicinity of Hyderabad have formed the sample of the study.

Procedure

The researcher shortlisted the schools in Hyderabad, each school were approached and a considerable permission was sought by the principal to collect the sample. The teachers were approached by the researcher in the staff room during lunch break and following instructions were given on mental health " This inventory consists of number of statements relating to your feelings about yourself in everyday life. You have got four alternatives to respond and choose either of the four alternatives i.e always, most of the times, sometimes and never which most suitably indicate the frequency of your feelings and views. Do not leave any statement unanswered and complete it as soon as possible", after the first inventory was completed, another inventory on Quality of Work Life was given with instructions "these are some of the statements pertaining to the organization in which you are working in mind, please write the number of your choice against each statement like 1. Strongly disagree, 2. Disagree, 3. Not sure, 4. Agree and 5. Strongly agree. There is no right or wrong answer. It is only an exercise to get an idea of your perception about your workplace" after the subject answered all the statements The subjects took around one hour of time to complete both of the questionnaires. All the Teachers consisting80 sample were taken in batches and each school was approached twice for the data collection. The completed questionnaires were subjected to further analysis.

RESULTS AND DISCUSSION

The results have been tabulated in the subsequent tables

Table 1 showing mean and standard deviations of Mental Health and Quality of work life

	Qwls	interpretation	mhi	Interpretation
mean	87.96	low	137.2	poor
sd	13.49		7.76	

Table 1, The mean of quality of work life was found to be 87.96 which is low and standard deviation was found to be 13.49, subsequently the mean and quality of work life of mental health was found to be 137.2 and 7.76 which is found to be poor. Therefore it is seen that the teachers overall mental health has been affected by the quality of work life factors.

Table 2 Showing the Correlation of Mental Health and Quality of work life

r	0.13

Table 2, The relationship between quality of work life and Mental Health was found to be positive but very low which indicates that there is a weak relationship between the two factors, i.e quality of work life and mental health. Hence, the first hypothesis has been accepted

Table 3 showing analysis of variance of quality of work life factors on mental Health

s.no	factors	F value	Significance	interpretation
1	**Stability of tenure**	5.4	0.05	significant
2	Growth opportunities	.408	.666	Not significant
3	Employee Satisfaction	.603	.550	Not significant
4	**Competent Employees**	6.990	.002	significant
5	Value orientation	.187	.830	Not significant
6	Innovative practices	1.077	.346	Not significant
7	Work life balance	.085	.918	Not significant
8	Human relations	.808	449	Not significant
9	Learning orientation	.355	.703	Not significant
10	**Challenging activities**		.013	Significant

Table 3, Factor wise analysis of quality of work life was made and it was seen that out of ten factors of quality of work life , only three factors were found to be significant i.e stability of tenure, competent employees and challenging activities. As Quality of work life is a dynamic concept and keeps on changing according to the needs and aspirations of employees in the organization, Therefore that may be reason why only three factors were found to be significant when compared to other factors. Hence, second hypothesis can also be accepted.

CONCLUSION AND FINDINGS

1. The relationship between mental health and Quality of Work Life was found to be positive but low.
2. It was seen that out of ten factors of Quality of work life only three of them had an effect on the mental Health of Corporate School Teachers

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

Devi kar, (2014) *Schools in India are undergoing an unexpected transformation* http://www.telegraphindia.com/1141201/jsp/opinion/story_19099142.jsp#.WEeZgeZ97IU [Dec 1, 2014]

Dr.D.Mohana(2013), "A Study Related to Mental Health of Teachers with reference to Level of Teaching and Teaching experience", *International IOSR Journal of Research and Method in Education*

Dr. Jagdish & Dr. A. K Srivastava (1983). *Mental Health Inventory*. National Psychological Corporation

Dr. Santosh Dhar & Dr. Upender Dhar & Rishu Roy, (2008). *Quality of Work Life Scale*. National Psychological Corporation.

Jerome (2013), "A Study on Quality of Work Life of Employees at Jeppiar Cement Private Ltd", *Journal of Advance Research in Computer Science and Management Studies*.

T S Nanjundeswaraswamy & Dr Swamy (2012), "A literature review on quality of work life and leadership styles", *International Journal of Engineering Research and Applications* ISSN: 2248-9622

How to cite this article: Mudiraj D (2017), A Study on Mental Health and Quality of Work Life among teachers Working in Corporate Schools, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.192/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.193/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Quality of Life Enhancement Program for People with Temporal Lobe Epilepsy

Jayasree Sampath[1]*, Sarah Manickaraj[2]

ABSTRACT

People with epilepsy have challenges in their daily life and low quality of life. People clinically diagnosed with temporal lobe epilepsy and follow up were chosen for the study. Sample of 150 were chosen. 75 people with temporal lobe epilepsy having reduced quality of life, aged above 20 years and below 40 years, Men and women, graduates and non-graduates, lower and middle income group, rural and urban population were included in the study. People with head injury, previous history of brain surgery, depression, hearing and speech impairment were excluded from the study. They were assessment using the standard tool for quality of life of epilepsy QUOLIE – 31 (Barbara, 1993). Quality of life enhancement program was provided as a comprehensive structured program for a month. Results revealed that quality of life of people with temporal lobe epilepsy was significantly increased after the training program. Quality of life enhancement program enhances the quality of life of people with epilepsy and more effective when given as a comprehensive individual therapy along with cognitive behavior therapy.

Keywords: *Temporal Lobe Epilepsy, Quality Of Life And Cognitive Behavior Therapy*

International League Against Epilepsy (2014) developed an operational definition as it confirms the diagnosis of epilepsy if a person have to meet the following conditions: a) Atleast two unprovoked (reflex) seizures occurring greater than 24 hours apart, b) One unprovoked seizure (reflex) and a probability of further general seizure recurrence after two unprovoked seizure, occurring over next 10 years.

Temporal lobe epilepsy results in memory loss, psychological issues like anger and anxiety and therefore it may influence the quality of life. Vanegas et al., (2013) study revealed that people with drug resistant temporal lobe epilepsy had reduced quality of life.

[1] PhD Research Scholar, Research and Development Center, Bharathiyar University, Coimbatore, India
[2] Research Supervisor, Associate Professor, department of psychology, Presidency, Chennai, India
*Responding Author

Received: March 20, 2017; Revision Received: March 29, 2017; Accepted: March 30, 2017

© 2017 Sampath J, Manickaraj S; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

The co-morbid psychological factors like attention deficit, memory (Dobbins et al., 2008; Indre et al, 2000; Zenteno et al., 2007), anger, aggression, anxiety, depression (Jennifer 2014), behaviour problem (Cornaggia 2006) & quality of life .World Health Organization (1996) defines quality of life as individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. In the context of epilepsy, quality of life is considered as health related in three dimensions such as physiological, psychological and social (Elliot and Mares, 2012).

Quality of life (QOL) means a good life and we believe that a good life is the same as living a life with a high quality (Ventegodt et al., 2003). The integrative quality-of-life (IQOL) theory includes various aspects like well being, satisfaction with life, happiness, meaning in life, the biological information system ("balance"), realizing life potential, fulfillment of needs, and objective factors (Ventegodt et al., 2003). The present study was aimed to explore the effect of quality of life enhancement program in a structural form provided with person centered approach. The combination of biopsychosocial approach being the basic structure of the intervention. Psychoeducation, life style modification and epilepsy counseling.

Objective

- To find out the effect of quality of life enhancement program on people with temporal lobe epilepsy.

Hypothesis

- There will be no significant increase in the quality of life of people with temporal lobe epilepsy after quality of life enhancement program

METHOD

Sample

Purposive sampling was used in the present study. A total of 180 people with temporal lobe epilepsy were administered the psychological questionnaire who were diagnosed and on follow up under the epilepsy clinic since 2011. Out of which 150 sample those fulfilled the inclusion criteria were selected, 75 sample were included in experimental group for whom memory training was given and 75 sample were in control group to whom no interventions were given. **Inclusion Criteria: P**eople with temporal lobe epilepsy who were aged above 20 years (n-70) and below 40 years (n-80), epilepsy uncontrolled with medications for more than 5 years, mild to moderate memory problems were chosen for the present study; Men (n- 87) and women (n-62), non-graduates (n-27) and graduates (n-123), unemployed (n-59) and employed (n-91), unmarried (n-125) and married (n-25), lower income (n-52) and middle income (n-98) group, rural (n-60) and urban (n-90) were included. **Exclusion Criteria:** People with epilepsy known to have depression, head injury prior and after the diagnosis of epilepsy, brain surgery for any cause including epilepsy, with hearing and speech impairment.

Tool

Quality of life in epilepsy (QUOLIE-31 by Barbara, 1993) was administered on all the samples during individual assessment session by the single investigator. This scale was developed by Barbara in the year 1993. This scale consists of 31 items on a likert scale with high reliability and validity for using it among people with epilepsy. Higher the score better the quality of life. The score ranges from 0 to 100. The questionnaire on quality of life in patients with epilepsy (QOLIE-31) consists of seven scales in the following sub dimensions: emotional well-being, overall quality of life, social functioning, energy/fatigue, cognitive functioning, seizure worry and medication effects.

Procedure

This study was conducted as individual sessions. Informed consent was obtained from the subjects before they participate in the study. The personal data sheet was completed before administering the quality of life measure.

Phase I – Pretest was conducted using Quality of life scale for epilepsy by Barbara, 1993. The scale was administered and the QUOLIE score was obtained.

Phase II – Intervention with Quality of life enhancement program was included in the sessions along with the therapy sessions included the following aspects, Suggestions were given for daily activity planning for people with epilepsy, Sleep hygiene – discussion to maintain atleast six to eight hours of sleep since sleep deprivation can trigger epilepsy. Food hygiene – discussion about overeating and skipping food, Medications protocol – Advise not to skip even a single dose that can trigger epilepsy, Time allotted for discussing their daily concerns , Planning and implementation of relaxing activities including exercises, hobbies and social activity, Discussing the issues related to interpersonal skill management , Identifying short term and long term goal planning.

Quality of life enhancement program included psycho-education, cognitive distortions related to the challenges in daily life, alternative coping and management strategies based on individual needs. Psychotherapy expercises like cognitive restructuring, positive statement framing, social play were performed. Relaxations techniques like progressive muscular relaxation, identifying cognitive distortions and activities scheduling with motivation interviewing were included in the training program.

Phase III- post test was administered to find the effect of quality of life enhacement program after a gap of one month.

Statistical analysis

Paired student t test was used to analysis the data and obtain the effect of the quality of life enhancement program.

RESULTS AND DISCUSSION

The table 1 suggests that overall quality of life score (Mean 58.51, SD 12.27) and post test scores (Mean 86.80, SD 9.97). The statistical analysis revealed the maximum effect and the t value (15.21) and with p value less than 0.05. Significant values were obtained in all sub domains of anger, except worries related to the effect of medication.

Table-1 showing the Mean, SD, t-value and level of significance before and after quality of life enhancement program for people with epilepsy in quality of life

Dimension		N	Mean	SD	t - value
Energy	Before	75	61.70	15.40	3.95**
	After	75	71.42	15.35	
Emotion	Before	75	56.29	17.20	5.23**
	After	75	71.13	16.92	
Activities of daily living	Before	75	54.65	21.63	5.72**
	After	75	73.92	20.69	
Mental health	Before	75	58.73	17.20	3.33**
	After	75	68.69	17.13	
Medication effect	Before	75	58.67	18.60	1.71(N.S)
	After	75	63.67	18.60	
Seizure worry	Before	75	55.95	14.88	1.98*
	After	75	60.95	14.88	
Quality of life	Before	75	57.33	9.74	9.53**
	After	75	72.33	9.74	
Overall quality of life	Before	75	58.51	12.27	15.21**
	After	75	86.60	9.97	

**Significant at the 0.05 level, **significant at the 0.01 level N. S Not significant*

Energy of people with epilepsy increased after quality of life enhancement program. sleep hygiene, proper intake of food and medication were suggestions given and that could have helped them gaining energy. Vangeas et al., (2013) reported reduced quality of life in the dimensions seizure worry, social function, emotional well being and cognition. The results obtained in this study are similar to the study by Vanegas et al., (2013). Training program enhances the level of energy of people with epilepsy and thereby enhancing their quality of life (Trimble et al. 1994). Hence comprehensive person centered therapy enhances quality of life.

Emotion of people with epilepsy increased after quality of life enhancement program. time allotted for discussing their daily concerns, increased social interaction and planned short term

and long term goal could have helped them gain emotional stability. Since anger and anxiety are the frequently reported problems among people with temporal lobe epilepsy. Cognitive behavioural approach have proven to help reducing emotions to gain better control over epilepsy though it does not reduce epilepsy (Michaelis et al., 2012 and Au, 2003). Activities of daily living of people with epilepsy increased after quality of life enhancement program. Training program for quality of life of people with epilepsy can show a clear benefit in their life (Salgado et al., 2009). Holistic training programs that include the caretakers along with psyhoeducation support the enhancement of quality of life.

Mental health of people with epilepsy increased after quality of life enhancement program. Psychoeducation could have increased their awareness about the symptoms of epilepsy, epilepsy counselling reduced their worries related to the uncertain episodes of epilepsy. Coping sessions of epilepsy and interpersonal sessions could have increased their social life thereby improving their mental health. Behavioural training program supported people with epilepsy by reducing the emotional symptoms as suggested by Olley (2001), Jantzen (2009) and Chaytor (2011). Seizure worry of people with epilepsy decreased after quality of life enhancement program.

Cognitive behavior therapy had proven promising and significant role in reducing anxiety in people with epilepsy by Jones et al., (2004) and similarly the reduction anxiety level indicates the reduction of seizure related worry of people with epilepsy after quality of life management program. Quality of life of people with epilepsy increased after quality of life enhancement program. McCagh (2014) gave interventions that focus on increasing self-worth, developing effective coping strategies and positive cognition will help the individual accept their diagnosis, reduce psychosocial deficits and ultimately enhance quality of life.

The effect of medication did not significantly improve since people with uncontrolled temporal lobe epilepsy were using medications regularly but had epilepsy, reduced quality of life and side effects of anticonvulsants. People with epilepsy are unhappy about the consumption of anticonvulsants but had no option to control their epilepsy. Hence, worries related to effects of medication were persistent among them.

CONCLUSION

Quality of life of people with temporal lobe epilepsy increased with quality of life enhancement program. Cognitive behavior therapy based approach has proven successful in enhancing their energy level, mental health, emotional stability and quality of life. The study confirms the strong effect of quality of life based training programs and its significance in enhancing the quality of life of people with epilepsy along with the need for psychological and social rehabilitation apart from medical management.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

Alonso-Vanegas MA, Cisneros-Franco JM, Castillo-Montoya C, Martínez-Rosas AR, Gómez-Pérez ME, Rubio-Donnadieu F (2013). Self-reported quality of life in pharmacoresistant temporal lobe epilepsy: correlation with clinical variables and memory evaluation. *Epileptic Disord.* Sep;15(3): 263-71.

Au A, Chan F, Li K, Leung P, Li P and Chan J (2003). Cognitive-behavioral group treatment program for adults with epilepsy in Hong Kong. *Epilepsy Behav*.Aug; 4 (4): 441-446.

Cesare Maria cornaggia, Massimiliano Beghi, Milena Provenzi, Ettore Beghi (2006). Correlation between Cognition and Behaviour in Epilepsy. *Epilepsia*.vol.47, Issue 2, Nov, 34-39

Chaytor, N, Ciechanowski, P., Miller,J.W., Fraser, R., Russo, J., Unutzer, J., Gilliam, F (2011). Long-term outcomes from the PEARLS randomized trial for the treatment of depression in patients with epilepsy. *Epilepsy Behav.* Mar; 20 (3): 545-9. doi: 10.1016/j.yebeh.2011.01.017. Epub 2011 Feb 18.

Dobbins, I.G., Kroll, N.E., Tulving, E., Knight, R.T., and Gazzaniga, M.S. (2008). Unilateral medial temporal lobe memory impairment: Type deficit, function deficit, or both? *Neuropsychologia* 36:115–127.

Elliott JO, Mares AS (2012). Gender differences in quality of life among Canadian adults with epilepsy. *Epilepsy Research.* Vol.100 (1-2) pages 42–48. [PubMed: 22309947]

Indre V. Viskontas, Mary Pat McAndrews, and Morris Moscovitch. Remote episodic memory deficits in patients with unilateral temporal lobe epilepsy and excisions; *The Journal of Neuroscience*, August 1, 2000, 20(15):5853-5857

International league association for epilepsy (2014). *Epilepsy is still a puzzle.* http://www.ilae.org/Visitors/Centre/Definition-2014.cfm

Jane McCagh (2014). *Quality of Life Issues in Epilepsy*, *Epilepsy Topics*, Prof. Mark Holmes (Ed.), InTech, DOI: 10.5772/58689.

Jantzen S, Muller-Godeffroy E, Hallfahrt-Krisl T, Aksu F, Pust B, Kohl B, Redlich A, Sperner J, Thyen U. FLIP&FLAP: A training programme for children and adolescents with epilepsy, and their parents. *Seizure.* 2009; 18 (7): 478–486. [PubMed]

Jennifer, Weston., Melissa, Maguire., Jasvinder, Singh and Anthony, Marson (2014). Antidepressants for people with epilepsy and depression. *Cochrane Library.* DOI: 10.1002/14651858.CD010682.pub2

Jones, J.E., Johnson, E.K., Seidenberg, M., & Hermann, B.P. (2004).The relative impact of anxiety, depression, and clinical seizure features on health-related quality of life in epilepsy. *Epilepsia*, vol. 45, no. 5, pp. 544–550, 2004.

Micharlis, R., Schonfoeld, W and Elsas, S.M (2012). Trigger self-control and seizure arrest in the Andrews/Reiter behavioral approach to epilepsy: a retrospective analysis of seizure frequency. *Epilepsy Behav*. 2012 Mar;23(3):266-71. doi: 10.1016/j.yebeh.2011.11.023. Epub 2012 Feb 15.

Salgado, Priscila Camile Barioni, & Cendes, Fernando. (2009). The effects of epileptic seizures upon quality of life. *Journal of Epilepsy and Clinical Neurophysiology*, *15*(3), 110-113. https://dx.doi.org/10.1590/S1676-26492009000300003

Olley BO, Osinowo HO, Brieger WR (2001). Psycho-educational therapy among Nigerian adult patients with epilepsy: a controlled outcome study. *Patient Educ Couns*.Jan; 42(1):25-33.[Pubmed].

Soren Ventegodt, Niels Jorgen Anderson and Joav Merrick (2003). Quality of Life Philosophy III. Towards a New Biology: Understanding the Biological Connection between Quality of Life, Disease, and Healing. *The Sientificworld Journal*.vol.3:Dec 1186-1198.

WHO (World Health Organization) WHOQOL-BREF: *Introduction, administration, scoring and generic version of the assessment*. Geneva, Switzerland: WHO; 1996. [January 3, 2012]. http://www.who.int/mental_health/media/en/76.pdf.

Tellez-Zenteno JF, Patten SB, Jette N, Williams J, Wiebe S. Psychiatric comorbidity in epilepsy: a population-based analysis. *Epilepsia*. 2007 Dec;48(12):2336–44. [PubMed]

How to cite this article: Sampath J, Manickaraj S (2017), Quality of Life Enhancement Program for People with Temporal Lobe Epilepsy, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.193/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.194/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Effect of Achievement Motivation on Personality Traits of Students

Dr. Arun Rajaram Daitkar[1]*

ABSTRACT

An ***objective of the study:*** To investigate the effect of achievement motivation on personality traits (Openness to experience, Conscientiousness, Extraversion, Agreeableness and Neuroticism) students. ***Hypothesis:*** There is no significant difference in the high and low achievement motivation students in relation to their personality traits (Openness to experience, Conscientiousness, Extraversion, Agreeableness and Neuroticism). ***Sample:*** The sample size of the study is 100 belongings to Aurangabad, which includes college student. Scrutiny test is applied on students divided for 50 high achievement motivation students and 50 low achievement motivation students. The age range of subjects is 18-25 years. Tools deo-mohan achievement scale. Personality Traits Inventory (NEOPI): This test is developed and standardized by Costa and McCrae for measuring personality characteristics (Openness to experience, Conscientiousness, Extraversion, Agreeableness and Neuroticism). Variable Independent variable Types of achievement motivation: i) High ii) Low Dependent Variable personality traits (Openness to experience, Conscientiousness, Extraversion, Agreeableness and Neuroticism) ***Conclusions*** 1. High achievement motivation students had significantly high Openness to experience, Conscientiousness, Extraversion and Agreeableness than the low achievement motivation students.2. Low achievement motivation students had significantly high Neuroticism than the high achievement motivation students.

Keywords: *Achievement, Motivation, Personality, Students*

Achievement in a person's life can be meaningfully viewed, as a process over time, in which, a whole series of inter-related activities and their consequences combine to produce a judgment, either by a person or by others, concerning accomplishments in life. The factors that result in achievement are many and varied, but it is widely assumed that one of the primary elements in all fields of achievement is motivation. In times of ever-changing demands of vocation and everyday life, a high motivation to learn is a fundamental requirement. Over the past two decades, there has been an increasing emphasis on the importance of the role of personality variables in academic performance.

[1] Assistant Professor, Department of Psychology, Shri Bankatswami College, Beed, India
*Responding Author

Received: February 26, 2017; Revision Received: March 29, 2017; Accepted: March 30, 2017

© 2017 Daitkar A; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

How personality relates to achievement represents a complex issue, and the relationship between personality and motivation remains the focus of much research (e.g., Judge & IIies, 2002). Relatively few studies, however, focus on describing the link between personality and the various dimensions that underlie achievement motivation.

Establishing and understanding the nature of the relationship between personality and achievement motivation represents an expanding area of research. For example, Paspalanov (1984) found a positive relation between achievement motivation and both extraversion and neuroticism; whereas Heaven (1990) found that achievement motivation was positively related to extraversion, but was inversely related to neuroticism. Conflicting results could be due partly to the complexity of achievement motivation. Achievement motivation was identified by Atkinson and Feather (1966) as a socially acquired as opposed to biologically-based motive, and there has been a continuing controversy whether achievement motivation is a single dimension or a multidimensional construct. An example of dimensional complexity is evident in Ross, Rausch, and Canada's (2003) finding that agreeableness was positively related to one aspect of achievement orientation (i.e., cooperation), but was inversely related to another (i.e., hyper-competition).

Cassidy and Lynn (1989) developed a measure of achievement motivation consisting of seven dimensions, each of which had some support in the literature and each is outlined below. Cassidy and Lynn referred to pursuit of excellence as an individual's desire to work to the best of their own ability in an effort to attain a personally defined standard of excellence. Work ethic refers an individual's desire to work hard, because the intrinsically reinforcing nature of the work itself. Status aspiration refers to an individual's desire to climb the "social ladder" in an effort to gain power and dominance over others. Competitiveness refers to an individual's desire to compete with and outperform others in an activity. Acquisitiveness for money and material wealth refers to the motivating aspects of money and other material objects. Mastery refers to an individual's desire to solve difficult, challenging problems, whereas Dominance refers to an individual's motivation resulting from a desire to hold a position of authority.

The present study sought to further clarify the relationship between the Big Five personality traits and achievement motivation. The Big Five Inventory (John & Srivastava, 1999) was used to measure agreeableness, conscientiousness, extraversion, openness to experience, and neuroticism. To provide a more parsimonious explanation of the relationship between the Big Five personality traits and achievement motivation, Cassidy and Lynn's seven scale achievement motivation scale was collapsed into intrinsic and extrinsic motivation measures. Not only does this approach have intuitive and psychometric appeal, researchers often use an intrinsic – extrinsic dichotomy when describing motivation in a wide range of contexts (Ryan & Deci, 2000; Sansone & Harackiewicz, 2000). Extrinsic motivation refers to the desire to work toward a goal in order to attain some external reward or compensation; whereas intrinsic motivation refers to the desire that comes from within the person to work toward a goal. The four factors that

comprise the extrinsic achievement motivation (EAM) dimension are consistent with the description of extrinsic motivation, as they all emphasize some form of external reward (e.g., money or praise). In contrast, the three factors that comprise the intrinsic achievement motivation (IAM) dimension emphasize working for work's sake.

An objective of the study:

- To investigate the effect of achievement motivation on personality traits (Openness to experience, Conscientiousness, Extraversion, Agreeableness and Neuroticism) students.

Hypothesis:

- There is no significant difference in the high and low achievement motivation students in relation to their personality traits (Openness to experience, Conscientiousness, Extraversion, Agreeableness and Neuroticism).

METHODS

Sample:

The sample size of the study is 100 belongings to Aurangabad, which includes college student. Scrutiny test is applied on students divided for 50 high achievement motivation students and 50 low achievement motivation students. The age range of subjects is 18-25 years.

Tools

1) Deo-Mohan Achievement Motivation Scale

The items in the scale evolved achievement imagery related to known achievement experiences of the respondents in comprehensive and accessible language. Final form of the scale comprised of 50 items having five options for rating that is always, frequently, sometimes, rarely and never, out of which 13 items are negative with numerical values 0 to 4 and 37 items are positive with numerical values 4 to 0 respectively.

2) Personality Traits Inventory (NEOPI - 2003):

This test is developed and standardized by Costa and McCrae for measuring personality characteristics (neuroticism, extraversion, openness to experience, agreeableness and conscientiousness). The test consisted of 90 Items. Five alternatives of this test e.g strongly disagree, disagree, neutral agree and strongly agree. The internal consistencies reported in the manual were: N= .79, E= .79, O= .80, A= .75, C= .83. And validity is Self-Directed Search (a personality inventory developed by John L. Holland for careers work), Artistic is correlated with the NEO facet Aesthetic at 0.56, Investigative is correlated with the NEO facet Ideas at 0.43, and Social is correlated with the NEO facet Tender-mindedness at 0.36

Variable

Independent variable-

1) Types of Achievement Motivation: i) High ii) Low

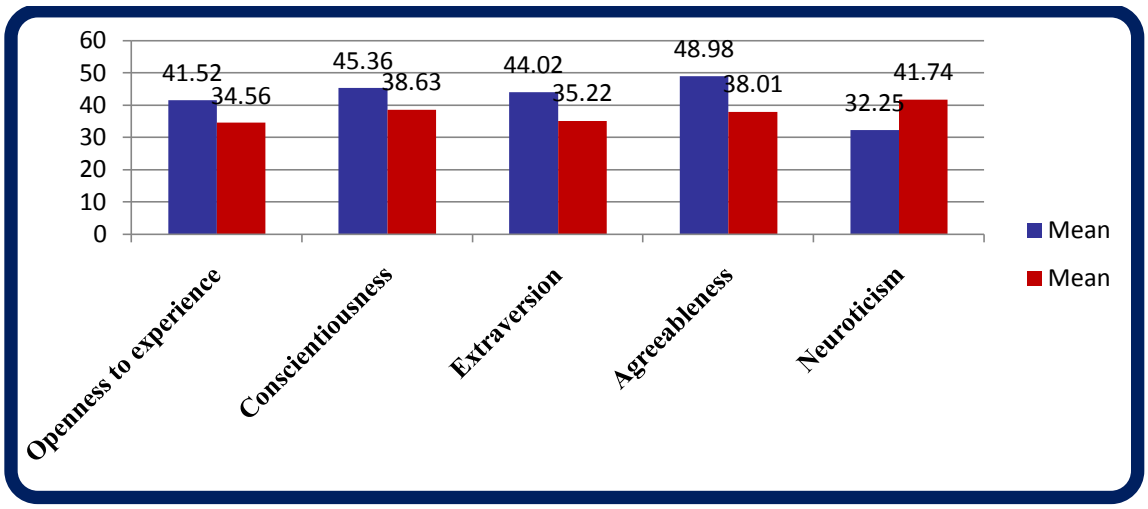
Dependent Variable

1) Personality Traits
1) Openness to experience
2) Conscientiousness
3) Extraversion
4) Agreeableness
5) Neuroticism

STATISTICAL ANALYSIS AND DISCUSSION

Mean Std. Deviation, Std. Error and t value of high and low achievement motivation students dimension Personality Traits.

Dimension	High			Low				
	Mean	SD	SE	Mean	SD	SE	DF	t
Openness to experience	41.52	5.23	0.74	34.56	4.11	0.58	98	7.40**
Conscientiousness	45.36	3.45	0.49	38.63	3.74	0.53	98	9.35**
Extraversion	44.02	4.51	0.64	35.22	5.66	0.80	98	8.60**
Agreeableness	48.98	5.20	0.73	38.01	4.58	0.64	98	11.19**
Neuroticism	32.25	4.15	0.59	41.74	4.61	0.65	98	10.82**



From the above table, for the Openness to experience mean score obtained for high achievement motivation student is 41.52 and low achievement motivation student is 34.56. The obtained t value 7.40 with a df of 98 was found to be statistically significant. However, based on the mean scores, it found that high achievement motivation student had significantly high Openness to experience than the low achievement motivation student.

For the Conscientiousness mean score obtained for high achievement motivation student is 45.36 and low achievement motivation student is 38.63. The obtained t value 9.35 with a df of 98 was

found to be statistically significant. However, based on the mean scores, it found that high achievement motivation student had significantly high Conscientiousness than the low achievement motivation student.

For the Extraversion mean score obtained for high achievement motivation student is 44.02 and low achievement motivation student is 35.22. The obtained t value 8.60 with a df of 98 was found to be statistically significant. However, based on the mean scores, it found that high achievement motivation student had significantly high Extraversion than the low achievement motivation student.

For the Agreeableness mean score obtained for high achievement motivation student is 48.98 and low achievement motivation student is 38.01. The obtained t value 11.19 with a df of 98 was found to be statistically significant. However, based on the mean scores, it found that high achievement motivation student had significantly high Agreeableness than the low achievement motivation student.

For the Neuroticism mean score obtained for high achievement motivation student is 32.25 and low achievement motivation student is 41.75. The obtained t value 10.82 with a df of 98 was found to be statistically significant. However, based on the mean scores, it found that high achievement motivation student had significantly high Neuroticism than the low achievement motivation student.

Academic achievement has always been considered to be a very important factor in the educational life of an individual, because good academic record over years predicts future success of a person. Education is unique investment and academic achievement is a vital aspect of it. Personality plays very important role in academic achievement.

CONCLUSIONS

1) High achievement motivation students had significantly high Openness to experience, Conscientiousness, Extraversion and Agreeableness than the low achievement motivation students.
2) Low achievement motivation students had significantly high Neuroticism than the high achievement motivation students

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

Atkinson, J. W., & Feather, N. T. (1966). *A theory of achievement motivation*. Wiley. New York, New York.

Cassidy, T., & Lynn, R. (1989). A multifactorial approach to achievement motivation: The development of a comprehensive measure. *Journal of Occupational Psychology*, *62*, 301 – 312.

Costa, P. and McCrae, R. (2003). *Manual for the NEO-PIR/FII*. Psychological Assessment Resources, Inc.

Heaven, P. C. (1990). Attitudinal and personality correlates of achievement motivation among high school students. *Personality and Individual Differences*, *11*, 705 – 710.

John, O. P., & Srivastava, S. (1999*). The big five trait taxonomy: History, measurement, and theoretical perspectives.* In L.A. Pervin, & O.P. John (Eds.), Handbook of personality: Theory and research (pp. 102 – 138). New York: Guilford Press.

Judge, T. A., & Ilies, R. (2002). Relationship of personality to performance motivation: A meta-analytic review. *Journal of Applied Psychology*, *87*, (4), 797 – 807.

Manual of Deo-Mohan Achievement Motivation Scale (1985)- National Psychological Corporation, Kacherighat, Agra.

Paspalanov, I. (1984). The relation of nAch to extraversion, emotional instability and level of anxiety in people of different social status and success. *Personality and Individual Differences*, *5*, 383 – 388.

Ross, S. R., Rausch, M. K., & Canada, K. E. (2003). Competition and cooperation in the five-factor model: Individual differences in achievement orientation. *Journal of Psychology: Interdisciplinary and Applied*, *137*, 323 – 337.

Ryan, R. M., & Deci, E. L. (2000). Intrinsic and extrinsic motivations: Classic definitions and new directions. *Contemporary Educational Psychology*, *25*, 54 – 67.

Sansone, C, & Harackiewicz, J. M. (2000). *Intrinsic and extrinsic motivation: The search for optimal motivation and performance*. San Diego, CA: Academic Press.

How to cite this article: Daitkar A (2017), Effect of Achievement Motivation on Personality Traits of Students, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.194/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.195/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Strengths among Contemporary Teenagers: A Comparative Study

Ritu Rani[1]*, Punam Midha[2], Ankita Budhiraja[3]

ABSTRACT

Male and female are two indispensible wheels of a chariot, thus both complement each other and this is a fact that without any one of them, it is just impossible to imagine the smooth continuation of the journey of life. India is a country where women were worshiped as Goddess. Though the society in which we live has been shaped historically by males. But recently the existing scenario appears to be changing with the realization of strengths among females. A harmonious society appears to be emerging with the fast speed of decline in gender-specificity. In order to empirically confirm these notions, the present researchers decided to explore and compare the profile of strengths of male-female adolescents. A test of Hindi adaptation of Value In Action (VIA) Inventory of Strengths for Youth by Shree and Singh (2013) was used. A purposive sample of 150 adolescents in which 75 were males and 75 were females with the age range of 13-17 years was drawn from Rohtak city, Haryana. The descriptive statistics was used to find out the mean differences in strengths of male and female adolescents. They differed to some extent in their profile of signature strengths. Further the profile of top five strengths also called "signature strengths", the male and female differed in two out of five signature strengths. The similar signature strengths found in both male and female adolescents were such as judgment/critical thinking, appreciation of beauty and love, however they differed on two strengths such as zest and perspective were found in male while kindness and modesty were found in female. The inference drawn from the current study is that females are more humane than the male counterpart whereas males are found to be more courageous than females. The need to foster or enhance certain strengths in specific gender are discussed in the paper.

Keywords: *Strengths, Signature Strengths, Contemporary Teenagers, Gender*

In India discriminatory attitude towards men and women has existed for generations and effect the lives of both genders externally as well as internally. Although the constitution of India has granted men and women equal rights, still, society creates gender disparity. However over the

[1] Research Scholar, Psychology Department, M.D.U. Rohtak, Haryana, India
[2] Professor, Psychology Department, M.D.U. Rohtak, Haryana, India
[3] Research Scholar, Psychology Department, M.D.U. Rohtak, Haryana, India
*Responding Author

Received: March 20, 2017; Revision Received: March 29, 2017; Accepted: March 30, 2017

© 2017 Rani R, Midha P, Budhiraja A; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

past decade in India due to the efforts of the people and government gender equality has not only been explicitly but also implicitly recognized. It is a stage of exciting personality growth and character development. Due to the tremendous personality, cognitive, and moral changes occurring during adolescence, it is not surprising that studies have found that adolescents manifest more character strengths in their behavior (Park and Peterson, 2006a) than young children (Park and Peterson, 2006b). Strengths have been defined as pre-existing qualities that arise naturally, feel authentic, are intrinsically motivating to use, and energizing, thereby increasing the probability of healthy outcomes (Linley, 2008; Peterson & Seligman, 2004). Character strengths in adolescents have been associated with desirable outcomes such as subjective well-being, life satisfaction, fewer symptoms of depression, suicidal ideation and stress (Park, 2004; Park and Peterson, 2006a; Gillham, Deutsch, Werner, Reivich, Heindl, Linkins, Winder, Peterson, Park, Abenavoli, Contero, and Seligman, 2011; Liu and Li, 2016), leadership, tolerance, ability to delay gratification, kindness, and altruism (Scales, Benson, Leffert ,& Blyth, 2000), and a reduction of problems such as substance use, alcohol abuse, smoking, school dropout, juvenile crime, alcohol and drug use, and unwanted pregnancy and violence (Park, 2004 and Catalano, Berglund, Ryan, Lonczak, and Hawkins, 1999).Earlier in psychology the main focus was given on weakness and emphasis was on repairment of what has been broken. Recently the focus is being given on positivity i.e. strengths and virtues. Now-a-days psychologists are concerned about prevention and promotion of one's being. They are bothered not only about one's survival, but how to thrive and flourish in one's life. So Peterson and Seligman (2004) developed an inventory to assess adults' character strengths. Recently an inventory i.e. values in action by Park, and Peterson (2006) has been developed to assess six virtues (Wisdom, Courage, Humanity, Justice, Temperance and Transcendence) and twenty four character strengths of teenagers. Virtues are core characteristics of the personality, embedded with 24 character strengths (Creativity, Curiosity, Judgment / critical thinking, Love of learning, Perspective, Bravery, Persistence, Authenticity/honesty, Zest, Love, Kindness, Social intelligence, Citizenship, Fairness, Leadership, Forgiveness, Modesty, Prudence, Self-regulation, Appreciation of beauty, Gratitude, Hope, Humor and Spirituality).

Being a nascent area there is a limited literature emphasing the role of gender in determining the profile of character strengths of male-female adolescents. As it has been empirically proved that females scored higher in the character strengths of kindness (Ngai, 2015), than their male counterparts. In India Shree and Singh (2013) reported kindness and Judgment / critical thinking as signature strengths common among male and female adolescents. Similarly earlier Bhatt, Tweed, Dooley, Viljoen, Douglas, Gagnon and Besla (2012) found similarity in top seven choices of strengths between boys and girls. On the contrary Ngai (2015) highlighted the difference in profile of strengths among boys and girls, where girls exceeded boys in the strengths of kindness, love, self regulation and fairness etc. With this background adolescence which is generally considered a period of storm and stress the focus should be to avoid that storm, one should take preventive measures while revealing their hidden strengths which may

serve as a resource for facing the harsh realities of life. Further the question arises that whether gender differences exist in developing these inner strengths which are largely affected by the surrounding environment and societal norms?.

On the basis of above notions the following problem was selected for the current research work.

Problem:

To assess and compare the profile of character strengths of male-female adolescents. On the basis of above problem, the following objectives were formulated

1) To identify and compare the global profile of character strengths of male-female adolescents
2) To highlight and compare the profile of signature strengths of male-female adolescents.

METHODOLOGY

Design:

Two group design was used to assess and compare the character strengths/signature strengths of male and female adolescents. In which gender is the independent variable and character strengths is the dependent variable. It may be summarized as follows

Design of the study

Gender (independent variable)

Male	Female
Character strengths (dependent variable)	
n=75	n=75

N=150

Sample:

In the present study, a purposive sample of one hundred fifty adolescents of both sexes (75 Males, 75 females) with the age range of 13-17years was selected from Rohtak district of Haryana state with the following inclusion and exclusion criteria.

Inclusion criteria:

- Adolescents belonging to low and middle strata of society, belonging to urban background only.
- With the age range of 13-17years.
- Equal number of male and female.
- Minimum qualification up to 5^{th} standard having almost similar family and school environment.

Exclusion criteria:

- Adolescents suffering from terminal or incurable diseases/Drug abused/Delinquent/ higher strata of society.

Tools:

In the present study the following tool was used.

Hindi adaptation of Value In Action (VIA) Inventory of Strengths for Youth by Shree and Singh (2013)

It is a self-report inventory for children and youth (ages 10 to 17). It measures 6 virtues such as (Wisdom and Knowledge, Courage, Humanity, Justice, Temperance, Transcendence) these virtues are embedded with 24 character strengths (Creativity, Curiosity, Judgment / critical thinking, Love of learning, Perspective, Bravery, Persistence, Authenticity/honesty, Zest, Love, Kindness, Social intelligence, Citizenship, Fairness, Leadership, Forgiveness, Modesty, Prudence, Self-regulation, Appreciation of beauty, Gratitude, Hope, Humor and Spirituality). It consists of 198 questions. On an average, an individual usually completes this inventory in 35 to 45 minutes. Participants have to respond on 5 point Likert scale ranging from 1 =(very much unlike me), 5 =(very much like me). It is fully reliable. The test re-test reliability for the strengths is .42-.77 and inter virtues correlation is found to be .60-.71.At the virtue level (each virtue comprising of cluster of strengths) the value of Cronbach alphha is found to be high (.81 to .88) while exclusively calculating for each strength Cronbach alpha is found to be ranging from moderate to high level (.46 to .65).

Procedure:

First of all investigators sought the permission to work on adolescents from the concerned authorities of various schools. After acknowledging the participants about the goals of the study, rapport was established with each participant. Relevant instructions related to inventory were given and they filled the profoma accordingly. Scoring was done as per norms and data were subjected to statistical analysis.

RESULTS AND DISCUSSION

The scores obtained on the "Hindi adaptation of Value In Action (VIA) Inventory of Strengths for Youth" of male and female adolescents, the data have been analyzed by using descriptive statistics as shown in Table 1.

Table 1, Mean and Standard Deviation of scores of Virtue-wise Character Strengths of Male and Female Adolescents

Sr. No.	Character strengths	Male Adolescents		Female Adolescents	
		Mean Scores	SD	Mean Scores	SD
	Wisdom and Knowledge				
1	Creativity	4.1100	.67282	4.2050	.59155
2	Curiosity	4.0383	.73750	4.2433	.67530
3	Judgment/critical thinking	4.5017	.47153	4.6500	.37387
4	Love of learning	4.2350	.63037	4.3667	.59924

Sr. No.	Character strengths	Male Adolescents		Female Adolescents	
		Mean Scores	SD	Mean Scores	SD
5	Perspective	4.4033	.56785	4.3433	.47890
	Courage				
6	Bravery	4.3350	.49540	4.4350	.44521
7	Persistence	4.1511	.52646	4.3007	.48321
8	Authenticity/honesty	4.3167	.55307	4.3517	.55852
9	Zest	4.4083	.52001	4.3650	.47566
	Humanity				
10	Love	4.4267	.50458	4.6207	.33686
11	Kindness	4.0889	.52084	4.4533	.41444
12	Social intelligence	4.0800	.66324	4.3000	.55561
	Justice				
13	Citizenship	4.1167	.54460	4.2367	.57999
14	Fairness	4.0533	.45643	3.9170	.51182
15	Leadership	4.1467	.62072	4.0900	.53924
	Temperance				
16	Forgiveness	3.9010	.62525	4.1844	.71342
17	Modesty	4.1289	.56480	4.4430	.42072
18	Prudence	4.1783	.58995	4.3383	.48490
19	Self-regulation	3.7111	.51016	3.7852	.44231
	Transcendence				
20	Appreciation of beauty	4.4300	.40019	4.4817	.42548
21	Gratitude	4.1567	.64071	4.1483	.74624
22	Hope	4.1917	.65481	4.2167	.65222
23	Humor	3.7170	.68501	3.8030	.52198
24	Spirituality	4.0733	.72015	4.3367	.61580

Table 1 clearly reveals the almost similar profile of character strengths across gender. As the highest magnitude of character strength i.e. Judgment/critical thinking (mean score 4.5017, 4.6500) is found in both male and female adolescents respectively as being at the top of the hierarchy of character strengths. Similarly at the bottom level i.e. the least developed character strength i.e. self regulation is apparent in both male and female adolescents, which highlight the fact that at the top as well as at the bottom both groups shared the almost similar pattern of profile of character strengths. In other words it may be stated that out of six virtues embedded with twenty four character strengths revealed that virtue of wisdom and knowledge consisting of a character strength of Judgment/critical thinking is dominating among adolescents of both sexes. It reveals that during this phase of life cognitive growth appears to be at the peak, hence empowering other virtues such as humanity, courage, justice, temperance and transcendence etc. The least developed character strength i.e. self-regulation (under the virtue of temperance male mean scores 3.7111, female mean scores 3.7852) in both sexes clearly shows that the adolescents may be either male or female of contemporary society are unable to monitor themselves may be

due to their inability to fix the goals of their life (till date) as references for directing and regulating their actions at this time. Hence it leads to discrepancy between their current state and future goal because the actual discrepancy lies between what they are now and where they want to go.

Thus according to control theory of self regulation based on "feedback loops" that are used to control some process relative to a given point (Austin, Vancouver, 1996; Carver and Scheier, 1981). Further adolescents' weakness in self regulation may be attributed to their discrepancy among their actual, ideal and ought self. In other words it may be stated that discrepancies are central to self regulation. Thus without crystal clear goals and standards they are unable to monitor their progress, hence failed to attain goal. Over all it may be inferred that inadequate parenting and inappropriate living environment also may appear to be the key factors for failure in self-regulation among adolescents.

The complete profile of twenty four character strengths of male and female adolescents revealed that male scored a bit higher mean scores on character strengths of zest, fairness, leadership and gratitude than their female counterparts, while in rest of the character strengths such as creativity, curiosity, judgment / critical thinking, love of learning, perspective, bravery, persistence, authenticity/honesty, love, kindness, social intelligence, citizenship, forgiveness, modesty, prudence, self-regulation, appreciation of beauty, hope, humor and spirituality. females scored a bit higher than male adolescents. The complete profile of twenty four character strengths of male and female adolescents have been depicted in Figure 1.

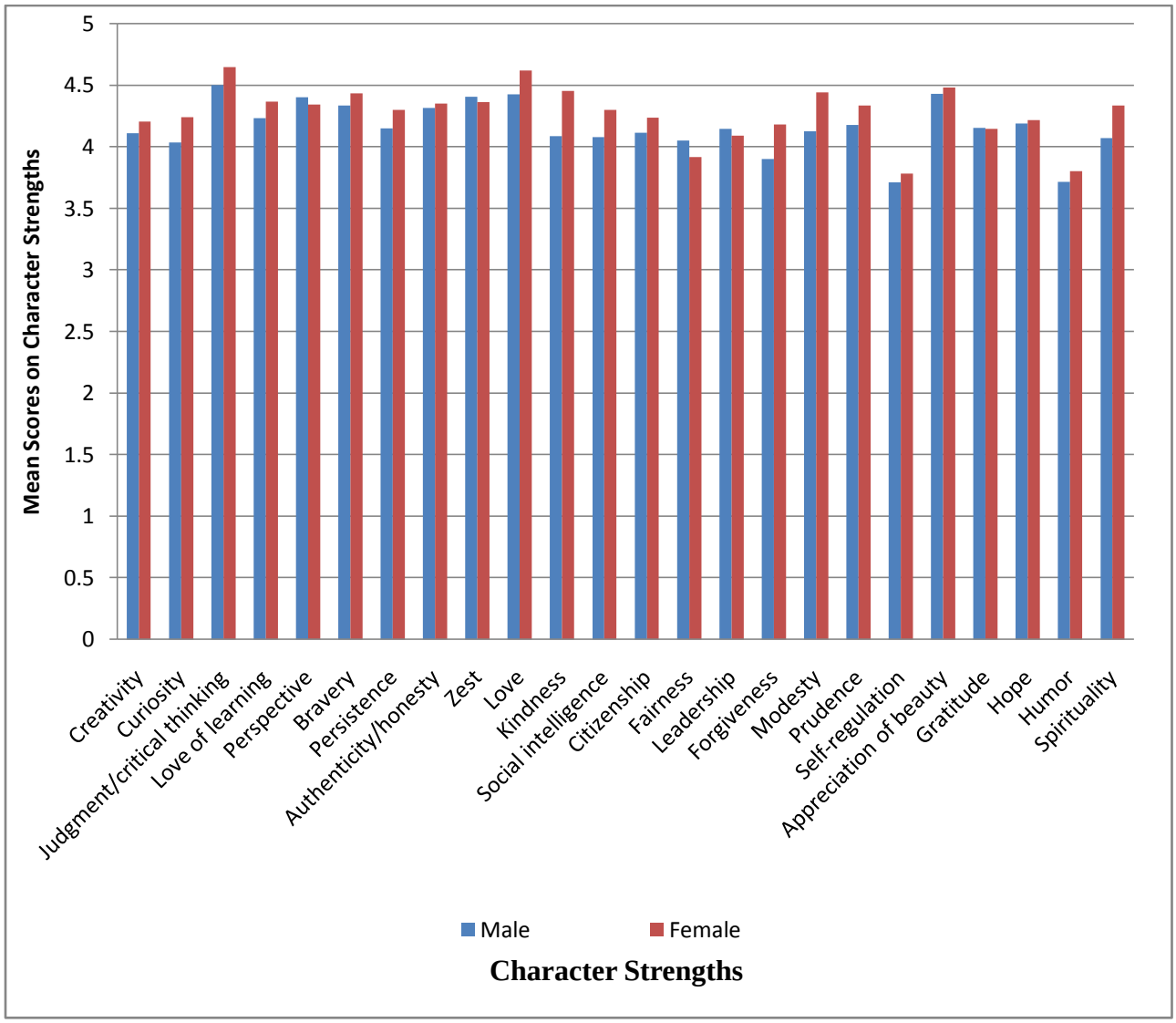


***Figure 1*. Profile of character strengths of male and female adolescents.**

Figure 1 clearly highlights the almost similarity in profile of character strengths of both sexes such a higher degree of similarity in character strengths among male-female adolescents indicates that there existed no gender disparity as far as strengths are concerned. Both male and female adolescents are found to be equal in the fostering and nurturance of strength, may be due to the equal treatment given to them not only by parents but also by society at large. After capturing the global profile of character strengths based on their magnitude further frequency and percentage of endorsement of each of character strength rated as signature strength (top five character strengths) have been shown in Table 2 and more clearly evident in figure 2.

Table 2, Frequency and Percentage of Endorsement of each of the Character Strength rated as Signature Strength (Top five character strengths) by Male-female Adolescents

Sr. No.	Character strengths	Male Adolescents (n=75)		Female Adolescents (n=75)	
		F	%	F	%
1	Creativity	18	24	9	12
2	Curiosity	20	26.6666667	25	33.3333333
3	Judgment/critical thinking	37	49.3333333	39	52
4	Love of learning	23	30.6666667	28	37.3333333
5	Perspective	28	37.3333333	17	22.6666667
6	Bravery	22	29.3333333	26	34.6666667
7	Persistence	14	18.6666667	13	17.3333333
8	Authenticity/honesty	18	24	19	25.3333333
9	Zest	27	36	23	30.6666667
10	Love	27	36	34	45.33333333
11	Kindness	11	14.6666667	22	29.3333333
12	Social intelligence	18	24	23	30.6666667
13	Citizenship	15	20	16	21.3333333
14	Fairness	7	9.3333333	2	2.6666667
15	Leadership	21	28	15	20
16	Forgiveness	9	12	17	22.6666667
17	Modesty	13	17.3333333	16	21.3333333
18	Prudence	18	24	14	18.6666667
19	Self-regulation	2	2.6666667	3	4
20	Appreciation of beauty	24	32	25	33.3333333
21	Gratitude	23	30.6666667	18	24
22	Hope	27	36	19	25.3333333
23	Humor	6	8	2	2.6666667
24	Spirituality	22	29.3333333	22	29.3333333

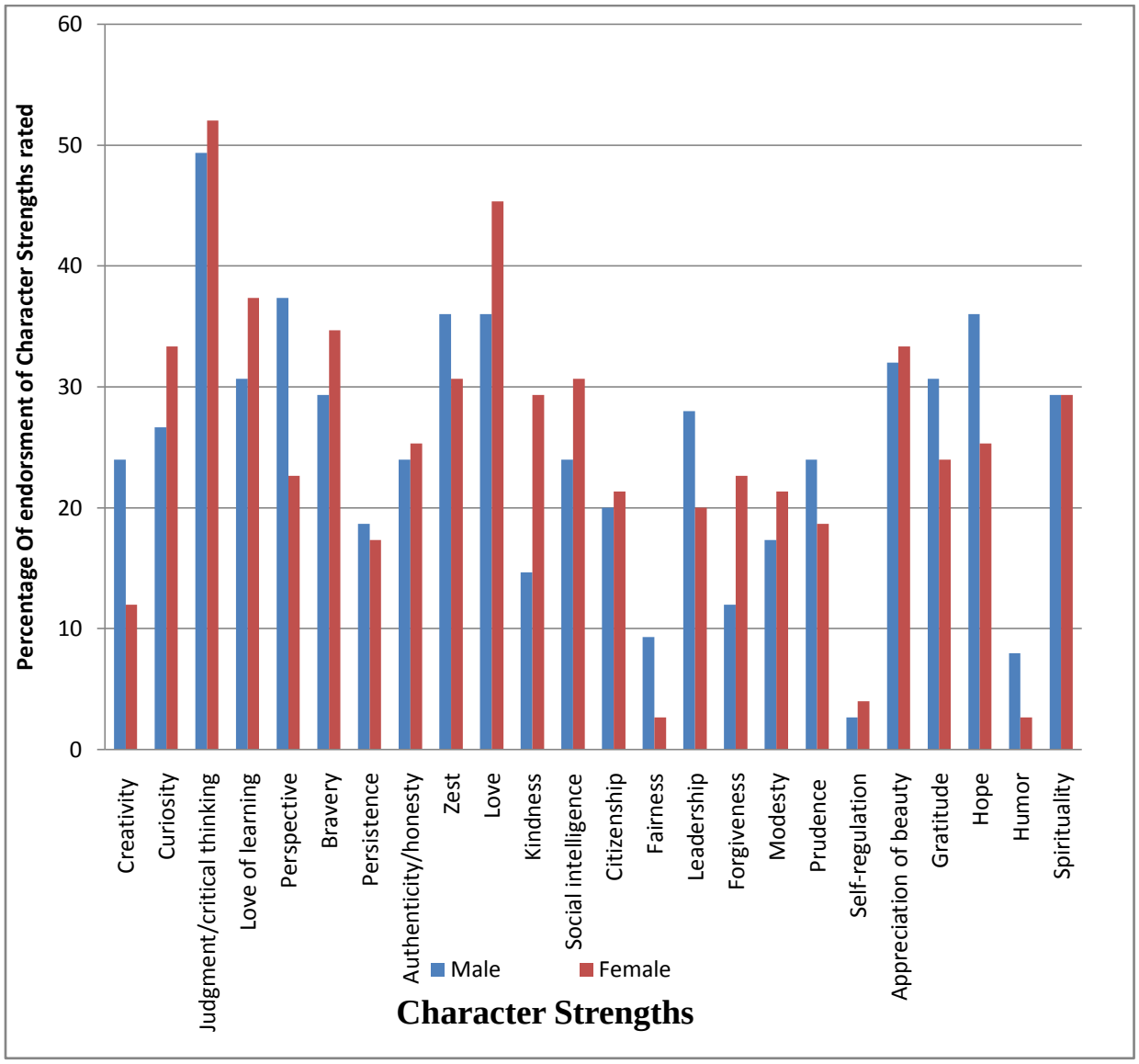


Figure 2. Percentage of endorsement of each of the character strength rated as signature strength by male-female adolescents.

From Table 2 and Figure 2 it is evident that maximum endorsement was given by both sexes to a strength of Judgment/critical thinking as a signature strength. However the minimum endorsement as signature strength was given to a character strength of self regulation (2.6%) in the case of male while humor and fairness were found least endorsed signature strengths in the case of females. It may be stated that self regulation is just a "missed strength" in almost all the male adolescents. While humor and fairness appear to be almost missing in the females profile of signature strengths, the reason may be attributed to their fight for "fairness" and lack of humor may be due to facing of more struggles in this phase of life both physically and mentally.

After getting insight about the global profile of character strengths across gender, the top five character strengths (signature strengths) were ranked and have been depicted in Table 3.

Table 3

Signature Strengths (Top 5 virtue-wise Character Strengths) of Male- Female Adolescents

Ranking	Male Adolescents	Female Adolescents
1	Judgment / critical thinking **(Wisdom and Knowledge)**	Judgment / critical thinking **(Wisdom and Knowledge)**
2	Appreciation of beauty **(Transcendence)**	Love **(Humanity)**
3	Love **(Humanity)**	Appreciation of beauty **(Transcendence)**
4	Zest **(Courage)**	Kindness **(Humanity)**
5	Perspective **(Wisdom and Knowledge)**	Modesty **(Temperance)**

From Table 3 it is apparent that both males and females have almost similar profile of signature strengths. Out of five signature strengths they are found equal in three strengths such as judgment / critical thinking, appreciation of beauty and love (however their sequence differed in both sexes). Earlier Shree and Singh (2013) also reported judgment / critical thinking as signature strength common among male and female adolescents. The present findings are in consonance with the earlier findings of Bhatt et al. (2012) who also found similarity in top seven choices of strengths between boys and girls. However zest (embedded in courage virtue) and perspective (embedded in wisdom and knowledge virtue) were found in male adolescents' profile of signature while in females kindness (embedded in humanity virtue) and modesty (included in temperance) were found. In other words male adolescents appear to be enthusiastic, full of vigor and vitality; while kindness appeared to be the inbuilt jewel of females and the strength of modesty itself manifested their inner capabilities and sincerity. The present findings strengthened the previous findings of Ngai (2015) who reported that girls exceeded boys in the strength of kindness.

On the basis of above findings it may be inferred that in the existing social scenario/particularly in the urban areas of Haryana the gender gap related to the profile of strengths in disappearing may be due the equal treatment given to the both sexes. This finding is of utmost importance because it is highlighting the fact that our society is moving towards gender equality. The present findings have highlighted the hidden fact that females are equal to their male counterpart as far as wisdom and knowledge, transcendence and humanity are concerned.

In a nut shell it may be summarized that specifically in the urban areas of Haryana females have boosted their inner strengths as equal to their male counterparts.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

Austin, J., and Vancouver, J. (1996). Goal constructs in psychology: structure, process and content. *Psychological Bulletin, 120*, 338-337.

Bhatt, G., Tweed, R., Dooley, S., Viljoen, J., Douglas, K., Gagnon, N., and Besla, K. (2012). Gender Differences in Character Strengths, Social Connections, and Beliefs about Crime Among Adolescents. *International Journal of Social Sciences and Humanity, 14(2), 1-9.*

Carver, C. S., & Scheier, M. F. (1981). Attention and self-regulation: *A control-theory approach to human behavior*. New York: Springer.

Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H. S., and Hawkins, J. D. (1999). *Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs.* U.S. Department of Health and Human Services, Washington, DC.

Gillham, J., Deutsch, Z. A., Werner, J., Reivich, K., Heindl, V. C., Linkins, M., Winder, B., Peterson, C., Park, N., Abenavoli, R., Contero, A., and Seligman, E. P. M. (2011). Character strengths predict subjective well-being during adolescence. *The Journal of Positive Psychology, 6(1),*

Linley, A. (2008). Average to A+: *Realising strengths in yourself and others*. London: CAPP Press. 31–44.

Liu, X., & Li, T. (2016). Role of character strengths and stress in psychological symptoms among Chinese secondary vocational school students. *Psychology*, 7, 52-61.

Ngai, S. S. Y. (2015). Parental bonding and character strengths among Chinese adolescents in Hong Kong. *International Journal of Adolescence and Youth, 20, (3),* 317–333.

Park, N. (2004). Character strengths and positive youth development. *The Annals of the American Academy of Political and Social Science*, 591, 40–54.

Park, N., & Peterson, C. (2006). Moral competence and character strengths among adolescents: The development and validation of the Values in Action Inventory of Strengths for Youth. *Journal of Adolescence*, *29*, 891–909.

Park, N., & Peterson, C. (2006a). Moral competence and character strengths among adolescents: The development and validation of the Values in Action Inventory of Strengths for Youth. *Journal of Adolescence, 29,* 891-909.

Park, N., and Peterson, C. (2006b). Moral competence and character strengths among adolescents: the development and validation of the Values in Action Inventory of Strengths for Youth. *Journal of Adolescence, 29(1),* 891-910.

Peterson, C., and Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook of classification.* Washington, DC: American Psychological Association/New York: Oxford University Press.

Scales, P., Benson, P., Leffert, N., & Blyth, D. A. (2000). The contribution of developmental assets to the prediction of thriving among adolescents. *Applied Developmental Science, 4*, 27–46.

Shree, T., and Singh, R. (2013). *Indian adaptation and Psychometric evaluation of values in action (VIA)inventory of strengths for youth*. Unpublished Ph.D Thesis, Maharshi Dayanand University, Rohtak, Haryana, India**.**

How to cite this article: Rani R, Midha P, Budhiraja A (2017), Strengths among Contemporary Teenagers: A Comparative Study, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.195/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.196/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Type- D Personality and Burden among the Caregivers of Neurological Patients

Remita Chattopadhyay[1]*, Dr Anuradha Sharma[2]

ABSTRACT

Care giving itself is a self rewarding task; however it is often associated with physical, emotional, social, financial burden (*Chadda, 2014*) especially in cases of chronic or terminal illness. But not much of the studies have focused on the internal triggers like negative affectivity and social inhibition characterized by Type D Personality to assess burden among the caregivers. This cross sectional study examines the correlation between Type-D personality and the burden experienced by the caregivers of neurological patients.110 primary caregivers were assessed using DS14 and Zarit Burden Interview (ZBI) whose family members were suffering from neurological illness at least for past 3 months. Data analysis showed a high amount of burden experienced by primary caregivers of neurological illness of Type D personality in males as well females ($p < 0.01$) and further statistical analysis revealed a significant positive correlation between burden experienced and presence of Social Inhibition and Negative affectivity among males as well female primary caregivers of neurological patients ($p < 0.05$). But no significant difference was found between male and female caregiver burden and male female caregivers with Type D personality ($p<0.05$). Therefore it is important to develop screening, assessment and intervention strategies for Type D personality individuals especially for primary caregivers, healthcare professionals, employees in organizations to protect them against burnout or developing any chronic illness.

Keywords: *Primary caregivers, Type D personality, Burden, Burnout, Negative Affectivity, Social Inhibition*

Family is the pillar of support to any kind of any disability, disorder or illness. Without their care and support we are often handicapped within the society. So, the act of care giving is rewarding in itself. But on the unfortunate side care giving can be equally strenuous after a period of time, be it for parents or for spouses or for the children for their near ones even. The act

[1] Research Scholar, Clinical Psychology, Amity University, Noida, Uttar Pradesh, India
[2] Assistant Professor, Amity University, Noida, Uttar Pradesh, India
*Responding Author

Received: March 15, 2017; Revision Received: March 29, 2017; Accepted: March 30, 2017

© 2017 Chattopadhyay R, Sharma A; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

of care giving is often associated with increased physical, emotional, social, financial burden *(Chadda, 2014)* specially in cases of disorders with poor prognosis of recovery or in case of terminal illness. Thus such a stage of burden among the caregivers has also been known as "caregiver syndrome" or caregiver fatigue" by the medical fraternity. This stage of burden often leads to caregiver burnout when the caregivers are unable to cope with this inexhaustible stress and get emotionally exhausted and their positive affectivity may often lead to negative affect and unconcerned behavior.

Type D personality or Distressed Personality is characterized by tendency towards negative affectivity (e.g. worry, irritability, gloom) and social inhibition (e.g. reticence and a lack of self-assurance) *(Denollet.J, 2000).* Negative affectivity is often characterized by dysphoria, tension, negative self image of oneself, attention bias to stressful events with negative appraisals and higher interpersonal stressors. Whereas social inhibition is often characterized by tendency to inhibit emotional expression, avoid interpersonal conflict through excessive control over self expression, social inhibition and withdrawal and high amount of reticence and lack of self assurance. Most of the studies conducted in this area have shown that higher chances of developing Coronary Heart Disease and hypertension have been associated with type D personality Disorders (*Son and Song, 2008).*

Researches conducted in the area of caregivers has often identified various external triggers associated with caregiver burden and stress but various internal factors like personality or temperamental factors or various cognitive distortions is an extremely undermined area of study. Thus assessment and screening of Type D individuals at an early stage will prevent them from developing psychological burden and also help in developing intervention strategies for families of patients with terminal illness and health care professional.

REVIEW OF LITERATURE

This present study aims to study the role of Type D personality and burden experienced by the caregivers of neurological patients. Thus, few of the studies were reviewed for the above mentioned purpose.

Hoerger, Coerelette et al., (2016) conducted a study on the Spousal Caregivers to understand the the Roles of Neuroticism and Extraversion Personality and Perceived Health of Patients with Lung Cancer using SF- 36 and NEO-FFI. Results indicated that Caregivers with higher scores of Extraversion scores were responded less affirmatively to the item "I expect my health to get worse" and poor perceived health was associated with high neuroticism.

Similarly in an another study conducted by **Zang, Li et al., (2011)** conducted a cross sectional study on the Chinese adolescents to examine the relationship between type D personality, cognitive distortion, family environment and depression using life orientation test-revised (LOT-

R), type D personality Scale-14 (DS14), family environment scale (FES), and Zung self-depression scale (SDS). The results of the study indicated higher level of cognitive distortion, type D personality and adverse family environment was evident among the depressed Chinese adolescents. It also implicated that negative affectivity, lower level of optimism and poor family cohesion can be crucial factors in identifying depression among the vulnerable population.

Various dimensions are being explored in a Meta analytical study conducted by **Alarcona, Eschlemana et al., (2009)** to find the relationship between burnout and personality factors using Maslach Burnout Inventory (MBI). Results found significant relationship among the dimensions of Maslach Burden inventory i.e. emotional exhaustion, depersonalization, and personal accomplishment with personality factors like self-esteem, self-efficacy, locus of control, emotional stability, extraversion, conscientiousness, agreeableness, positive affectivity, negative affectivity, optimism, proactive personality, and hardiness. Thus the study concluded that employee personality variables are related to burnout and can be significant predictors of burnout.

Similarly a secondary study conducted by **Song and Son (2008)** to examine the relationship between Type D personality and psychosocial risk factor in developing Cardio vascular diseases among elders with chronic disease. The researchers identified twenty eight studies that indicated a strong association of increased morbidity and mortality of cardiovascular diseases associated with type D personality. It has also been assessed that type d personality individuals often receive lesser benefit from medical care treatment and thus are at an higher risk of impaired quality of life.

METHODOLOGY

The aim of the study was to assess the relationship between Type D personality and the Caregiver burden experienced by the caregivers of neurological patients and also to study the effect of gender variation for the same. Since this is a correlational study the variables chosen as Predictor Variables are Type D personality, Negative Affectivity, Social Inhibition and the Criterion Variable is Caregiver Burden. The study was conducted in the hospitals of Delhi/NCR where 110 primary caregivers (55males and 55females) were assessed using DS14 *(Denolett, 2005*) and Zarit Burden Interview *(Zetit, 1980).* Primary caregivers above 18 years whose family members were suffering from neurological illness at least for past 3 months but the caregivers themselves not suffering from any co-morbid physical or psychiatric illness were sampled for the study. Hypotheses were formulated according to the objectives of the study and the obtained findings were analyzed with help of statistical tools like mean, standard deviation, Pearson Correlation, t-test.

RESULT ANALYSIS AND INTERPRETATION

Correlational Analysis and Tabular Representation of scores of Caregiver Burden with Type D personality in Males and Females respectively:

At the 0.01 level of significance, Pearson value of correlation between standard score of Caregiver Burden and Type D personality for males were found to be 0.84. Similarly Correlational value of Burden with Negative Affectivity, Social Inhibition was found to be 0.78 and 0.79 respectively. Thus it was found that Type D personality is positively correlated with Caregiver burden, Type D personality, Negative Affectivity and Social Inhibition assessed among male caregivers of neurological patients ($p<0.01$)

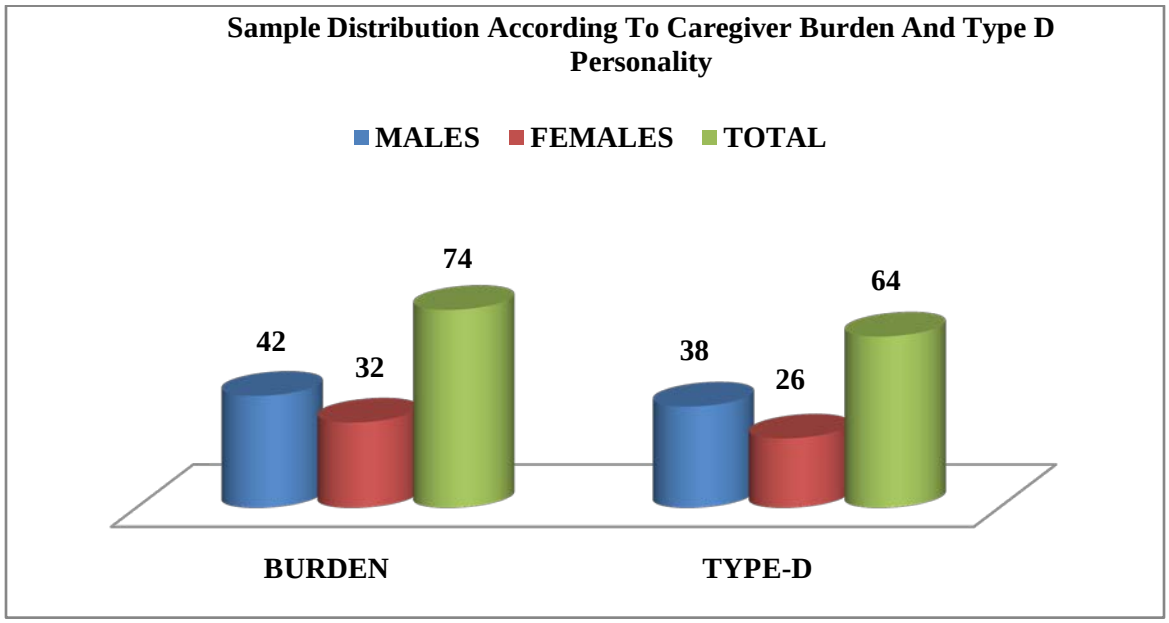
Gender	Group I	Group II	R (Df) Value	P Value	Level Of Significance
Male Care-Givers	Burden	Total Type D Scores	0.87	0.00001	The Result Is Significant At P <0 .01.
Female Care-Givers	Burden	Total Type D Scores	0.65	0.00001	The Result Is Significant At P <0 .01

Similarly, at the 0.01 level of significance, Pearson value of correlation between standard score of Caregiver Burden and Type D personality for females were found to be 0.65. Correlational value of Burden with Negative Affectivity, Social Inhibition was found to be 0.56 and 0.60 respectively. Thus it was found that Type D personality is positively correlated with Caregiver burden, Type D personality, Negative Affectivity and Social Inhibition assessed among female caregivers of neurological patients ($p<0.01$)**.**

Result Analysis of sample distribution based on Type D personality and Burden in male and female caregivers:

Out of 110 sample size, 73 of them are suffering from Caregiver burden and among them, 41 are males and 32 are females. And 63 of them out of 110 sample sizes are assessed to have Type D personality, among them 37 being males and 26 being females.

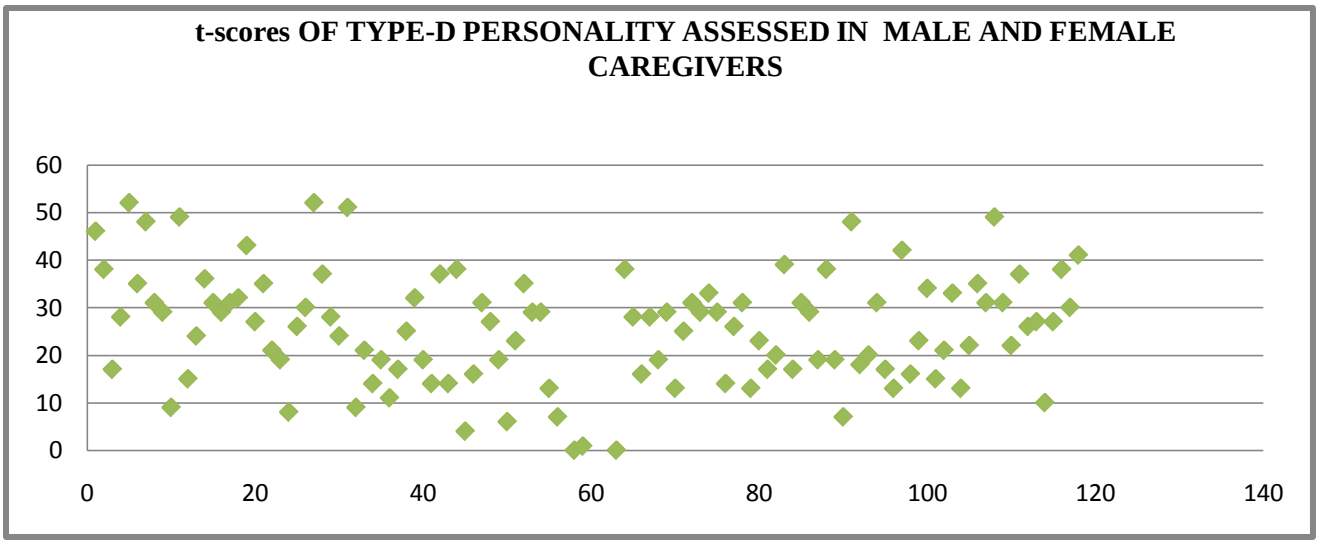
Graphical Representation Showing the Sample Distribution Gender Wise Based On Type D Personality and Burden in Male and Female Caregivers



t- Test analysis and Scatter Plot Representation scores of male and female caregivers who were assessed with Type- D personality and Caregiver Burden among the caregivers of neurological patients.

At the 0.05 level of significance, t value is 0.57 for p= 0.56 for difference between male and female caregivers who experience Caregiver Burden. Thus no significant difference was found between male and female caregivers who experience Caregiver Burden among the caregivers of neurological patients. ($p< 0.05$).

And, t value is 0.78 for P= 0 .44 for difference between male and female caregivers who were assessed with Type D personality, at the 0.05 level of significance. Thus no significant difference was found between male and female caregivers who were assessed with Type D personality among the caregivers of neurological patients ($p<0.05$).



DISCUSSION

According to findings from the study it is seen that, there is a significant positive correlation of Caregiver Burden with Type D personality in male care givers of neurological patients and thus raising more chance to worst health outcomes and prognosis. This has been validated by a study where it mentions that Type D personality is often a predictor of worse health outcomes like various coronary Heart Diseases, other health issues and mental health issues that are often similarly correlated with Type A personality behaviors like being impulsive, irritated, being competitive and developing aggressiveness *(Denolett, 1998a).*

Similar results were validated for even female caregivers which showed a strong significant correlation between Type D personality and Burden Experienced by female caregivers of Neurological patients. A study by *Hoerger, Coerelette et al., (2016)* indicated that Caregivers with higher scores of Neuroticism and lower scores on Extraversion scores and poor perceived health was associated with high caregiver burden.

Thus, the findings of the study similarly have found a strong significant positive correlation of Negative Affectivity with Caregiver Burden in males as well females. ($p<0.01$)**.** The results have been substantiated by a study conducted by *Zang, Li et al., (2011)* on the Chinese adolescent and found that negative affectivity, lower level of optimism and poor family cohesion can be crucial factors in identifying depression among the vulnerable population.

Similarly other results have shown that there is a significant positive correlation of Social Inhibition with Type D personality in males as well females($p<0.01$). Results of a study conducted by *Alarcona, Eschlemana et al., (2009)* found personality factors like emotional exhaustion, depersonalization, and personal accomplishment with personality factors like self-esteem, self-efficacy, locus of control, emotional stability, extraversion, conscientiousness,

agreeableness, positive affectivity, negative affectivity, optimism, proactive personality, and hardiness can be significant predictors of burnout.

No significant difference was found between male and female caregivers who were assessed with Type D personality among the caregivers of neurological patients ($p<0.05$). Similarly, no significant difference was found between male and female caregivers who experience Caregiver Burden among the caregivers of neurological patients. ($p < 0.05$). Although results showed that gender has miniscule effect on experience of caregiver burden but this contradicts to few of the old literatures which mentions that females especially mothers experience more caregiver burden than the male caregivers *(Maheshwari, 2014, Dada, Niran et al., 2011).*

SUMMARY & CONCLUSION

The aim of the study was to assess the Type D personality and Caregiver burden among the caregivers of neurological patients and find the correlation of Caregiver Burden with Type D personality. The study was conducted on 110 caregivers of neurological patients at hospitals located in Delhi/ NCR with the help of assessment sales like Zarit Burden Interview (ZBI) and DS14. The study hypothesized a correlation between Caregiver burden with Type D personality, Negative Affectivity and Social Inhibition among both male as well female caregivers and a significant difference between Male and female Caregiver Burden and assessment of Type D personality.

Thus the study has succeeded in exploring the strong correlation between Type D personality and its characteristics like Negative Affectivity and Social Inhibition with the burden experienced by the caregivers of the neurological patients for both males as well female caregivers. But results found miniscule or no effect of gender on neither experiencing of Caregiver Burden nor assessment of Type D personality among the male and female caregivers of Neurological Patients.

PRACTICAL IMPLICATIONS OF THE STUDY

- Assessment of Type D individuals and screening them at an early stage can help them to prevent from developing psychological burden or physical dysfunctions like Cardio vascular disorders, Hypertension from any stressful jobs like medical and healthcare services for terminally ill patients.
- Screening of Type D Personality factors by the school psychologists or the career counselors among the children and the adolescents to choose career options that are less challenging in terms of caregiver burden like Nursing, Clinical Psychologists, General physicians, Psychiatrists, Surgeons, Volunteers, Special Educators, Rehabilitation Therapists etc can help to prevent any kind of distress, burden or burnout in any phase of their lives.

LIMITATIONS

- This study is a cross sectional study that assess the presence of caregiver burden and Type D personality among the Caregivers of Neurological patients on a limited time period.
- Studying the effect of gender on a smaller sample ratio without controlling any age group can be the drawback of this study

FUTURE RECOMMENDATIONS

- A longitudinal study or an in-depth qualitative study with pre and post assessment over an extensive time period will give a better insight to understand whether Type D predicts Caregiver Burden or vice versa to replicate the results with more validity and help in generalizing the results.
- Overcoming the limitations of gender on sample size with modification of age and other related variables can help to generalize the study results on a representative population

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

Alarcon, G., Eschleman, K. J., & Bowling, N. A. (2009). Relationships between personality variables and burnout: A meta-analysis. *Work & stress*, *23*(3), 244-263

Chadda, R. K. (2014). Caring for the family caregivers of persons with mental illness. *Indian journal of psychiatry*, *56*(3), 221.

Dada, M. U., Okewole, N. O., Ogun, O. C., & Bello-Mojeed, M. A. (2011). Factors associated with caregiver burden in a child and adolescent psychiatric facility in Lagos, Nigeria: a descriptive cross sectional study.*BMC pediatrics*, *11*(1), 1.

Denollet, J. (1998*a*) Personality and coronary heart disease: the type-D scale 16 (DS16). *Annals of Behavioral Medicine, 1998, 20,* 209-215.

Denollet, J. K. L. (2000). Type D personality: A potential risk factor refined. *Journal of Psychosomatic Research*. 49. 255-266.

Hoerger, M., Coletta, M., Sörensen, S., Chapman, B. P., Kaukeinen, K., Tu, X., & Duberstein, P. R. (2016). Personality and Perceived Health in Spousal Caregivers of Patients with Lung Cancer: The Roles of Neuroticism and Extraversion. *Journal of aging research.*

Maheshwari, K. (2014) "Burden of care givers of mentally retarded children." *IOSR Journal of Humanities and Social Science* 19.7: 6-12.

Zetit. S. H, Reever. K. E, Bach-Peterson (1980). Relatives of the impaired elderly: correlates of feelings of burden. *Gerontologist*; 20:649-55.

Zhang, Y., Li, H., & Zou, S. Association between Cognitive Distortion, Type D Personality, Family Environment, and Depression in Chinese Adolescents. Depression research and treatment. 2011; 2011: 143045. *External Resources Pubmed/Medline (NLM) CrossRef (DOI)*.

How to cite this article: Chattopadhyay R, Sharma A (2017), Type- D Personality and Burden among the Caregivers of Neurological Patients, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.196/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.197/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Effect of Socio-Economic Status on Coping Behaviour of Female Adolescents

Tauqeer Iqbal[1]*, Ashfia Nishat[2]

ABSTRACT

The objective of present study is to access the coping strategies of adolescent girls coming from low, middle and high socioeconomic status (SES). This research comprised of 201 female students who completed the Youth coping response inventory (YCRI) and Kuppuswammy Socio Economic Status scale. One Way Analysis was used to analyse the data. The results revealed significant differences among different groups of SES on diversion ($F=31.625$, $p<.001$), destructive ($F=30.377$, $p<.001$) and YCRI ($F=3.220$, $p<.05$). Implications: The study reported that individuals high on SES have positive coping strategies whereas individuals low on SES have negative coping strategies. Therefore, it is implicated that school students coming from lower SES need counselling services as they are having high rate of maladjusted coping behaviour. School management must develop programs in order to facilitate such adolescents and provide a platform with healthy competition and impartial academic growth.

Keywords: *Socio-Economic Status (SES), Coping behaviour, Adolescents, Female.*

The most prevalent source of daily stress for adolescents are school-related problems; peer group pressures, family issues; their own emotions or behaviours, for instance feeling depressed or aggressive, getting into trouble with parents or school authorities because of their behaviour. Moreover, some adolescents may have to deal with matters that their peers may not have to face depending upon the environment in which they are nurtured. Adolescents belonging to lower income group may have to face different set of challenges for instance poor health due to malnourishment or working in various settings after school to support their parents in generating income, such challenges would not be faced by adolescents coming from high income groups. Adolescents belonging to the high-income groups are more stressed by career options, modernization and materialistic desires. Therefore it is assumed that coping behaviour would

[1] Research Scholar, Department of Psychology, Aligarh Muslim University, Aligarh, India
[2] Research Scholar, Department of Psychology, Aligarh Muslim University, Aligarh, India
*Responding Author

Received: March 12, 2017; Revision Received: March 29, 2017; Accepted: March 30, 2017

© 2017 Iqbal T, Nishat A; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

also vary across different groups. Very few Indian studies have tapped this population's socio economic status (SES) and its effect on coping behaviour.

Coping Behaviour

Coping is a self-regulatory process, and the type of coping skills an individual can demonstrate will depend on the developmental level and the internal and external resources that are available to an individual. The development of coping skills in adolescence is critical in helping youth maintain positive adaptation to stressors. (Compas, Connor-Smith, Saltzman, Thomsen & Wasdworth, 2001). Broadly, the two main coping strategies used to deal with stress are problem-focused and emotion-focused strategies. Problem-focused strategies are active problem solving methods used to resolve the stressful relationship between the self and the environment (Compas, Connor-Smith, Saltzman, Thomsen & Wasdworth, 2001). Emotion-focused coping strategies are those ways in which people achieve an optimal level of emotional regulation and the capacity to deal with intense situations and feelings (Saarni, 1999). Emotion-focused coping strategies can be distraction, information seeking behaviour or cognitive reframing the meaning of the difficult situations. The important feature to these coping strategies is the ability to be flexible in the selection of strategies depending on the stressor and the individuals ability to controll it (Saarni, 1999).Optimal self-regulation occurs when individual allows emotional regulation and active solving are used together to appraise a situation and make sense of what is going on. Moreover, optimal regulation will be attained by using effective coping strategies that will increase the capacity to tolerate challenging situations and negative emotions.

Studies suggest that relationship between SES and stress is present throughout the socioeconomic gradient (Goodman, Ewen, Dolan, Schafer-Kalkheff and Adler, 2005). One explanation for this pattern is that individuals lower down the SES rank have fewer material and psychological resources for meeting the stress of the increasingly challenging environment. The scarcity of these resources may negatively impact physical and psychological well-being. Gallo and Matthews have suggested that the relative lack of resources could possibly be due to hampered coping resources or depletion with lack of substitution of other existing resources(Gallo, Matthews, 2005).So far, few studies have examined the "reserve capacity" hypothesis among adolescents (Gallow, Matthews, 2003; Wills, McNamera, Vaccaro, 1995)despite the fact that adolescence is a crucial developmental phase in which behavioural and patterns are formed and then carried forward into adulthood.

Aim:

- To study coping strategy among adolescents from different socio economic status.

Objectives:

- To study coping strategies among individuals from high SES level.
- To study coping strategies among individuals from middle SES level.
- To study coping strategies among individuals from low SES level.

METHODS

Sample and procedure:

Two hundred and one females from lower to upper socio economic status (SES) from various secondary high schools in Aligarh (India) participated in this study through stratified random sampling. Participant's age ranged from 13-19 years. Scale was administered on subjects with their consent. After obtaining permission from the school authorities and the participants, survey questionnaires were distributed to different classes identified as samples in the study. Adolescents were asked to complete measures during class time supervised by the researcher.

Monthly income of the family:

Group – 1: below Rs. 10,000/-

Group – 2: Rs. 10,000/- to Rs. 30,000/-

Group – 3: above Rs. 30,000/-

Measures

Youth Coping Response Inventory (Hernandez, Vigna, & Kelley, 2010).The YCRI is a 44-item self-report measure of coping strategies. Items are rated on a four-point Likert scale ranging from 1 ("Never") to 4 ("Almost Always"). This scale yields three factors related to coping for youth: Diversion, Destructive Coping, and Ameliorative Coping. Diversion, measures coping strategies an individual uses to focus their attention away from the problem. Destructive Coping includes both destruction of property and self-destructive coping strategies. And finally 11 Ameliorative Coping, measures an individual's use of problem-solving and emotional expression. It should be noted that although the reliabilities are high and meet generally accepted criteria for use with group data ($\alpha = .80$), they are slightly lower than what would be accepted for use in making decisions about individuals (ideally $\alpha = .95$; DeVellis, 2003; Nunnally & Bernstein, 1994).

Factor I, Diversion, included items assessing family routines and support, positive thinking, spirituality, and distraction. Strongly related to positive adjustment in the participants. It appears that most coping strategies on this factor represent ways in which youth divert their attention from a problem.

Factor II, Destructive Coping, assessed the most maladaptive coping responses. Methods address both self-destructive coping as well as physically destructive coping. This factor was strongly related to psychological distress, but negatively correlated with psychological adjustment.

Factor III, Ameliorative Coping, included coping mechanisms that attempt to ameliorate the problem either through problem-solving or through attempts to express one's emotions about the problem. It was not expected that problem-focused coping and emotional expression would cluster together on the same factor, previous literature generally distinguishes between problem-

focused and emotion-focused coping; however, Vernberg and colleagues (1996) also found that these two coping styles loaded together in their analysis of the Kidcope.

Kuppuswammy Socio Economic Status scale (Kuppuswammy 1981) revised version 2014: The original scale was published in the year 1981, it incorporates three characteristics to be assessed and scored: Education level of the head of family (HOF), occupation of the HOF, and income per month. It attempts to measure the SES of an individual in a urban region. Its revision was important as inflation means the currency does not retain the same value each year in terms of the goods/services that may be purchased with the same amount.

Statistical Analysis

The data were analyzed using Statistical Package for Social Sciences (SPSS) 20 for Windows. Prior to data entry, every form was thoroughly checked for completeness and consistency. Descriptive statistics (including means and standard deviations) were calculated for all scales and subscales. All the assumptions of One-way ANOVA were checked and results were found to be satisfactory before the analysis was conducted.

RESULTS

Table 1: Descriptive Statistics of the Study Variables.

		N	Mean	SD	SEM
Diversion	1	67	53.00	8.485	1.037
	2	67	58.07	5.927	.724
	3	67	62.75	6.625	.809
Destructive	1	67	32.70	5.217	.637
	2	67	26.82	6.105	.746
	3	67	25.82	5.193	.634
Ameliorative	1	67	33.61	3.969	.485
	2	67	34.06	4.400	.538
	3	67	34.66	4.066	.497
YCRI	1	67	119.34	12.155	1.485
	2	67	119.03	10.108	1.235
	3	67	123.21	9.395	1.148

1= Low SES, 2= Middle SES & 3= High SES

Table 2 Summary of One Way ANOVA among Different Groups.

Variables	Source of Variations	Sum of Squares	df	Mean Square	F	Sig.
Diversion	Between Groups	3183.970	2	1591.985	31.625	.000
	Within Groups	9967.313	198	50.340		

Variables	Source of Variations	Sum of Squares	df	Mean Square	F	Sig.
Destructive	Between Groups	1851.970	2	925.985	30.377	.000
	Within Groups	6035.731	198	30.483		
Ameliorative	Between Groups	36.816	2	18.408	1.069	.345
	Within Groups	3408.776	198	17.216		
YCRI	Between Groups	725.980	2	362.990	3.220	.042
	Within Groups	22320.119	198	112.728		

Table 3 Multiple Comparison of Means for Different Groups on Study Variables.

Dependent Variable	(I) socio economic status	(J) socio economic status	Mean Difference (I-J)	Std. Error	Sig.	Lower Bound	Upper Bound
Diversion	1	2	-5.075*	1.226	.000	-8.10	-2.05
	1	3	-9.746*	1.226	.000	-12.77	-6.72
	2	3	-4.672*	1.226	.001	-7.70	-1.65
Destructive	1	2	5.881*	.954	.000	3.53	8.23
	1	3	6.881*	.954	.000	4.53	9.23
	2	3	1.000	.954	.578	-1.35	3.35
YCRI	1	2	.313	1.834	.986	-4.21	4.84
	1	3	-3.866	1.834	.111	-8.39	.66
	2	3	-4.179	1.834	.077	-8.70	.35

The results revealed significant differences among different groups of SES on diversion ($F=31.625$, $p<.001$), destructive ($F=30.377$, $p<.001$) and YCRI ($F=3.220$, $p<.05$).

Tukey Post hoc test (Table 3) was applied for comparing the means of different groups of SES on the study variables where significant differences among the groups were observed. A perusal of values in tables 1 and 3 indicates that high SES group scored better on diversion (M = 62.75) than middle (M = 58.07) and lower SES (M = 53.00) while, in destructive, high SES group (M = 25.82) scored lower than middle (M = 26.82) and lower SES (M = 32.70).While taking YCRI, high SES group scored better than middle and lower SES, though the difference was not significant.

DISCUSSION

Aim of the present research was to examine the effect of socio economic status on youth coping behaviour. The above result exhibits that females from high SES have better coping responses in the area of diversion as compared to those who belong to middle and low SES backgrounds. And similarly, females adolescents from middle SES have better diversion coping responses when compared with low SES, this could be due to the availability of resources which promote diversion coping like watching TV, playing games or reading, getting involved in activities like sports, dance or clubs.

In the area of destructive coping it was found just the reverse, females from high SES were less destructive than females from low SES background. Also participants from middle SES reported lesser destructive coping behaviour when compared with low SES group, a probable reason could be that when family conditions are fragile then it directly affects the members. Those who are deprived economically and are living in disadvantaged neighborhoods face a variety of chronic stressors in daily lives: their parents struggle to make ends meet; find limited opportunities to achieve their aims; experience more negative life events such as unemployment, discrimination and powerlessness (Baum et al. 1999, Lantz et al. 2005, McEwen 1998). Social advantagehas a buffering effect against risk taking behaviours and enhances positive development.

Whereas, there was no significant difference observed between high and middle SES group with regards to destructive coping, a possible reason for this could be that the environment around the individuals coming from middle SES is not as harsh and unfavorable when compared with lower SES group, hence they are able to exercise better coping behaviour in order to express their negative feelings like aggression and disappointments in life.SES plays a crucial role in the life of an individual.

LIMITATIONS OF THIS STUDY

The sample size was limited only to one city (Aligarh) and restrictions of time and resources; it could not be done in other cities. Thus, the results cannot be generalized. Male sample was not included in the present study.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCE

Baum, A., Garofalo, J.P., &Yali, A.M.(1999). Socioeconomic status and chronic stress: Does stress account for SES effects on health? *Annals of the New York Academy Science*, 896:131–144. [PubMed: 10681894]

Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with Stress During Childhood and Adolescence: Problems, Progress, and Potential in Theory and Research. *Psychological Bulletin*,127:87–127. [PubMed]

DeVellis, R.F. (2003). Scale development: Theory and applications (2nd ed.). *London: Sage*.

Flier, Jeffrey S., Underhill, Lisa H., McEwen, Bruce S. (1998). "Protective and Damaging Effects of Stress Mediators". *New England Journal of Medicine*. 338 (3): 171–9.

Gallo, L.C., & Matthews, K.A.(2003). Understanding The Association Between Socioeconomic Status And Physical Health: Do Negative Emotions Play A Role?. *Psychological Bulletin* 129(1): 10-51. Web.

Goodman, E., Ewen, B. S., Dolan, L. M., Schafer-Kalkhoff , T. & Adler, N. A. (2005). Social disadvantage and adolescent stress. *Journal of Adolescent Health, 37*(6), 494-492

Lantz, P.M., House, J.S., Mero, R.P.,& Williams, D.R. (2005). Stress, life events, and socioeconomic disparities in health: results from the Americans' Changing Lives Study. *J. Health Soc. Behav.*; 46:274– 288. [PubMed: 16259149]

Nunnally, J.C., & Bernstein, I.H. (1994). Psychometric Theory (3rd ed.).*New York: McGraw-Hill.*

Saarni, C. (1999). *The development of emotional competence*. New York: Guildford Press.

Sharma, R., Saini, N.K.(2014). A critical appraisal of Kuppuswamy's socioeconomic status scale in the present scenario. J Family Med Prim Care.3:3–4.

Vernberg, E.M., La Greca, A.M., Silverman, W.K., & Prinstein, M.J. (1996). Prediction of Post-traumatic stress symptoms in children after hurricane Andrew. *Journal of Abnormal Psychology*, 105, 237–248.

Vigna, J.F., Hernandez, B.C., Kelley, M.L., & Gresham, F.M. (2010). Coping behavior in hurricane-affected African American youth: Psychometric properties of the Kidcope. *Journal of Black Psychology*, 36, 98–121.

Wills, T.A., McNamara, G., &Vaccaro, D. (1995) Parental education related to adolescent stress-coping and substance use development of a mediational model. Health Psychol. 14(5):464–478.

How to cite this article: Iqbal T, Nishat A (2017), Effect of Socio-Economic Status on Coping Behaviour of Female Adolescents, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.197/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.198/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

The Everyday lives and coping Strategies of women in Delhi; Discerning roots of Psychological Empowerment: An Ethnographic Study

Swati Sharma[1]*, Dr. Anita Gupta[2]

ABSTRACT

This is an ethnographic study based on inductive reasoning inspired by everyday life coping of slum women in Delhi. Evidences from field work were found to be congruent with the underlying assumptions of Humanistic and analytical psychology, perspectives which ascertain positive human values and life orientation such as growth, and fulfillment, making it difficult to completely neglect strategies for adaptability, positive coping, and adjustment, which are having a positive influence in everyday lives of slum women in their day-day life. The focus of this study is not to explore the daily life concerns, but to highlight how these concerns are addressed by slum women, with regard to their coping strategies. The objective of this study was to bring into light the phenomenon of positive adaptability towards daily life concerns, in context with slum women by exploring three coping strategies given by Endler and Parker. Task-oriented strategy, Emotion-oriented strategy, and, Avoidance-oriented strategy three categories which were used to categorize the responses towards daily life stressors. Finally this study attempts to fill in the prevailing literature gap in the context of the conceptualization of psychological empowerment for slum women based on the findings of this study and trace the roots of psychological empowerment using the perspectives of psychology. This study illustrates analysis of ethnographic records of 50 informants from various slums in Delhi.

Keywords: *Psychological, Empowerment, Slum, Women, Coping Strategy*

Sociologists and psychologists in the past have worked extensively in the area of women empowerment. Literature in terms of strategies used for empowerment of women is enormous too. Also, mental health care services, their unavailability, and the prevailing psychopathology in slum, poor living conditions and their daily life concerns has also been examined by literature, to

[1] Research scholar, Faculty of Management studies, Manav Rachna International University, Faridabad, India
[2] Professor, Faculty of Management studies, Manav Rachna International University, Faridabad, India
*Responding Author

Received: March 15, 2017; Revision Received: March 29, 2017; Accepted: March 30, 2017

© 2017 Sharma S, Gupta A; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

a great extent. But unfortunately, not enough literature is available in the context of coping mechanisms of slum women in their everyday lives. It is vital to accept that the phenomenon of abnormality runs analogous with 'normality'. *The available literature in this context is only suggestive of 'what the problem' is and not on 'how is the problem solved'*. Keeping this into consideration, this study focuses not on the daily life concerns and psychopathology, but aims to have an in-depth understanding on the positive aspects of coping strategies, which are contributing in positive adjustment and coping in everyday lives of the slum women in Delhi.

This study is based on the process of inductive reasoning, wherein field observations of everyday lives Slum and, an understanding in context with coping strategies were observed to be symbolic of strategies which enable them for better adaptability and positive coping based on the earlier perspectives of psychology. The themes were observed to be congruent with perspectives of psychology, which were suggestive of positive growth, self actualization, manifestation of characteristics of both masculine, and feminine gender roles by slum women (regardless of natural biological sex). In the light of the assumptions of humanistic perspective, and analytical psychology, and evidences from everyday life coping, it becomes difficult to simply focus on literature that is suggestive of psychopathology, and lack of resources for a livelihood. It is also essential to note that, the unavailability of resources is an external factor for the informant, whereas coping abilities are dependent on internal factors, which are essential parameters, when one is trying to understand the extent of adaptability and positive coping in everyday life.

Coping is a dynamic situation specific reaction to stress. It is a set of concrete responses to stressful situations or events that are indented to resolve the problem and reduce stress which indicate towards the psychological effectiveness and efficiency of an organism to deal with daily life concerns and maintain equilibrium after overcoming the prevailing stressor. Such a state can also be viewed as psychologically empowering state, which facilitates better adaptability and adjustment to daily life stressors.

In order to explore the answer to the research question, an ethnographic study was carried out in Delhi slums. The objective of this study was to bring into light the phenomenon of positive adaptability towards daily life concerns, in context with slum women by exploring three coping strategies given by Endler and Parker. Task-oriented strategy, Emotion-oriented strategy, and, Avoidance-oriented strategy, are the three categories, which were used to categorize the responses of the participants towards daily life stressors. Finally this study attempts to fill in the prevailing literature gap in the context of the conceptualization of psychological empowerment for slum women based on the findings of this study and trace the roots of psychological empowerment using the perspectives of psychology. This study maintains its ecological validity by conducting it in a naturalistic setting to achieve the following objectives-

Objectives Of The Study

- To critically examine psychological perspectives and explore how they relate with psychological empowerment for slum women in their everyday lives.
- To explore the extent to which the themes and findings of the study relate to the psychological perspectives and psychological empowerment.
- To fill in literature gap in terms of understanding how psychological empowerment can be viewed in the everyday lives of slum women residing in Delhi.

METHODOLOGY AND DATA COLLECTION

The design of the study is Ethnographic. Intensive field observations, informal conversations with the informants, open ended interviews and ethnographic daily field records are significant in concluding the findings of this study. Its qualitative design and a nature to maintain its ecological validity, and an attempt to have an understanding of everyday life interactions of slum women residing in Delhi have facilitated the accomplishment of its objectives. This study attempts to suggest its findings based on ethnographic records of 50 informants, who are residents of slum in Delhi. Data has been collected from various locations of Delhi, to have an exhaustive account of the everyday lives of these women living in different slums. Finally Narrative analysis was adopted in order to suggest the significant findings of the study.

The ethnographic field work was conducted in various phases with each informant. Following are the phases of data collection which aimed at collecting a comprehensive overview in context with, each informant's values, attitudes, and assumptions, and their coping in everyday lives-

- Naturalistic observation and rapport formation with informants
- Slum tour
- Conduction of interview questionnaire- genological chart, family tree, reflection of kinship system, grand tour questions, mini tour questions, experience questions, hypothetical interaction questions.
- Categorization of coping strategies as- avoidance oriented, emotion oriented strategy, task-oriented strategy based on analysis.

1. Date:
2. Time:
3. Location:
4. Name:
5. Age:
6. Cast:
7. Family type:
8. Position in family:

9. FAMILY TREE



= Divorce / = marriage / Deceased individual

10. e- ego

individual in concern is referred to as "ego" and an 'e' (for ego) indicates the position of that individual at the centre of the kinship chart

11. Refection of Kinship system- bought up of offspring and childhood
12. Interview responses
13. Observation and analysis of coping strategy- based on interview responses
14. Aspects of non verbal communication

Figure 1: Sample response card used for data collection

Sampling

Purposive sampling

The criteria for choosing participants will be on the basis of the following considerations

- She is the primary caregiver for her family
- She is a resident of Delhi or Delhi NCR slum area
- She is not acquainted with formal or informal education
- She is of age group 20-30 years

LITERATURE REVIEW AND LITERATURE GAP

Psychological empowerment defined from the perspective of the individual employee by literature

Psychological empowerment according to Spretizer (1995 a) has been defined as a motivational construct manifested in four cognitions: meaning, competence, self determination, and impact which reflect an active orientation to a work role where the individual wishes and feels that he or she is able to shape his/her work role or context. Another study by Menon and Sanjay (1999)

defined psychological empowerment from the perspective of the individual employee, wherein a psychologically empowered state was considered to be a cognitive state characterized by a sense of perceived control, perceptions of competence, and internalization of goals and objectives of the organization. These studies however, gained an in-sight to the understanding of the concept of psychological empowerment and its conceptualization for employees and the working population, but literature is limited in terms of understanding and conceptualization of this concept for the slum population in our country.

Focus of literature on challenges in mental health care and the prevalence of psychological and biological concerns in the past for slum women, and not on effective coping mechanisms

Anant kumar 2011, reflected upon the challenges and prospects of mental health services in India, wherein he has emphasized on the lack of trained human resource for mental health care, and the lack of political commitment, and realization that mental health is an important aspect of our health system.

Study by Srinivas Murthy, 2010, highlighted the distribution of mental health services in India, at, Primary, secondary, and Tertiary level including rehabilitation.

Other research work done in the area suggests the prevailing abnormality statistics; some works illustrate biological health of women in slum areas, and others focused on the inaccessibility of mental health care and its concerned professionals for slum areas but, unfortunately, there is not much research on psychological empowerment of slum women in this area.

Literature gap prevails in context of conceptualizing cognitions which are facilitating adaptive functioning for slum women in their everyday lives

Psycho-social research has investigated psychopathology for years and has focused on the prevailing abnormality statistics for slum women. But, the recognition and receptivity towards phenomenon which are symbolic of effective and positive cognition , which enable them to adapt and efficiently function in environment, and make appropriate decisions and choices to deal with everyday life stressors, has not been given much attention. This is resulting in literature gap, in terms of conceptualizing cognitions which are aiding adaptive functioning for slum women, despite the absence, of sufficient resources to facilitate survival and effective coping in their everyday lives.

Psychopathology and psychological empowerment run analogous with each other in context with everyday lives of slum women

One must make a note that, the concept of psychopathology runs parallel with overt and covert responses which are symbolic of effective coping in everyday lives of slum women. This view

calls for thought that if there is psychopathology shaping in slums due to lack in availability of resources and appropriate living conditions, resulting in shortage of proper facilities for health, and sanitation, lack of drainage, lack of medical facilities, prevalence of psychological disorders, and other medical concerns due to shortage of mental and physical health care, there is also, effective coping, which can be observed in everyday lives of slum women. Taking into consideration the drive for everyday survival, need to make appropriate decisions, high motivation, and experience of positive emotion, perception of a positive self and social identity , identity of a primary care giver, and one's ability to carry out these roles, development of interpersonal relationships for a good social life, the ability to choose the best alternative considering the long term impact on their lives , and many other factors enabling positive coping and daily survival , one may view that, despite unavailability and lack of appropriate knowledge and resources , these women residing in slums located in Delhi , to a great extent are manifesting responses, which may be viewed as a psychologically empowered response, as , "Psychological empowerment can be defined as any phenomenon over a lifespan which enables an individual to adapt to any existing environmental stressor, and respond to it, considering the overall long term reimbursement of his/her current decision making.

According to this, research in its futuristic vision must also focus on cognitions and behaviors which make an individual adaptable, well-adjusted in cultures , such as slums wherein , the conditions for survival and psychological empowerment are even more challenging, considering the unavailability of resources. , but unfortunately literature is very limited in the context of studies which focus on behaviors which focus on effective coping, positive adjustment, towards everyday life stressors and challenges. Moreover, psychological empowerment has still been defined in the organization sector, and from the point of view of an employee in a particular organization in literature, but such a concept is yet to be investigated, recognized, and furthermore be conceptualized particularly in the context of slum culture, in order to have an in-depth understanding of values, attitudes, and assumptions, which are facilitating positive coping among individuals.

CONCLUDING REFLECTIONS

1. Discerning psychological empowerment within the roots of psychological perspectives

1.1 ***Tracing Psychological empowerment in the eyes of Analytical psychology***

According to Jung, for achieving unity and wholeness, a person must become increasing aware of the wisdom available in one's personal and collective unconscious, and must learn to live in harmony with it. He affirms that many of modern life problems in everyday lives are caused by "mans progressive alienation from his instinctual foundation. Jung argues that, universal archetypes are products of collective experience of men and women living together. In modern western civilization men are discouraged from living their feminine side, and women from experiencing their masculine tendencies. Psychological development according to him was

undermined due to lack of expression in overt and covert responses, exhibiting masculine tendencies for females, and famine tendencies for males. This may suggest that more an individual is aware of his instinctual foundation, and engages in behaviors exhibiting his/her conscious mind, irrespective of their specific gender roles in their everyday lives, which comprises of the thought, emotions, and, memories a person is aware of, the more the possibility for positive psychological development, wholeness, positive adaptation, and effective coping in everyday life can be anticipated.

Also, Jung's emphasis on the competing forces and structures within the individual that must be balanced rather than between the individual, , and demands of the society, or between the individual and reality, point towards another significant explanation that inspires the finding of this study, which explains that external stressors will have little or least control over effective coping in everyday life, if an individual is balanced in context with the manifestation of his/ego , and conscious mind , regardless of his/her gender roles and expression of masculine and famine tendencies.

Furthermore, many informants in the course of this study have been observed to be taking on the roles of the opposite gender, such as role of a financial caregiver in case of demise of their spouse, independent living, enjoying single parenthood, and assuming the role of a father figure, working as labors in case their husband lost their jobs, in other cases unemployed , as well as assuming their natural role of being a primary care givers to the family, maintaining their individual state of selfhood.

Finally, one can suggest that cognitive and behavioral responses, manifested in terms of coping strategies, which are facilitated by a conscious understanding of the long term impact of one's current decision making in everyday lives, maintaining a state of selfhood and balance, irrespective of the expression of a natural gender role, may be anticipated to be a psychologically empowered response, ultimately facilitating better adaptation and survival in everyday life.

*1.2 **Behaviorism and the everyday lives of slum women***

For most behaviorists, the structural unit of Personality is the response. Each response is behavior, which is emitted to satisfy a specific need .This implies that, one can study an individual's attitudes, beliefs, values, and assumptions by studying the type of responses an individual gives, to deal with daily life stressors. Moreover, Psychology as a study of behavioral science examines the study of behavioral responses, both overt and covert. As John Watson explains, psychology is the study of behavior or responses (to stimuli) which can be measured and studied objectively. This implies that, not only, one can examine overt and covert responses towards daily life problems to examine the nature of coping and adjustment but also, study

objectively the manifestation of the thinking patterns in coping strategies of slum women in their everyday life.

According to the operational definition, Psychological empowerment can be defined as any phenomenon over a lifespan which enables an individual to adapt to any existing environmental stressor, and respond to it, considering the overall long term reimbursement of his/her current decision making." Henceforth, responses to environmental stimulation, which are in procession with adaptability, and based on a vision for future positive reimbursement of current decision making, may be symbolic of psychological empowerment.

Based upon the perspective, that psychology is a scientific study of human behavior, this study was designed to examine the nature of coping strategies, considering that, responses of the informants in their everyday life to stressors will represent their respective thinking patterns and schemas. Influence of behaviorism and objective study of responses, facilitated the natural orientation of this study, which enabled clarity to view attitudes, assumptions and behaviors of the informants, in an entirely different way. Hence it became easier to establish that, the everyday lives of the slum women residing in Delhi, are much beyond the statistics of the prevailing abnormalities, and, concerns of basic necessities.

It is also crucial to state here that, psychopathology in the slums does prevail, but with that, effective coping and positive adjustment also prevails in the everyday lives of slum women, and with these effective coping mechanisms, and well thought over responses, one may be able to trace a psychologically empowered response.

1.3 ***Reflecting psychological empowerment in the eyes of Humanistic Approach***

Rogers and Maslow suggested the idea of a fully functioning person. Rogers believed that the fulfillment is the motivating force for personality development. People try to express their capabilities, potentials, and talents to fullest extent possible. There is an inborn tendency to maximize self concept through self actualization. In this process the self grows, and expands, and becomes more social. In this view, human beings are free to shape their lives, and to self actualize.

It is possible to view self actualization by analyzing the motivations that govern our life. In the context of this study, it is possible to reflect this state by studying responses which highlighted the characteristics of a person, who is self aware, socially responsive, creative in problem solving, spontaneous in facing everyday life stressors, open to novelty, and challenge, depicts a sense of humor, and capacity for deep interpersonal relationships.

Friendships, self confidence, participation in community functions and celebrations, sense of excitement for the same, and withstanding daily life concerns, solving problems by coping strategies, for fulfillment , positive adaptation, and a focus on the existing environmental stressor for effective coping, has placed the informants on the path for self growth and development. This indicates that, the everyday life of women in the context of this study is so much more just than, biological needs.

It can be established that positive personality development, and the journey to optimally use one's psychological resources for coping in everyday life, will have a significant impact on the ability of an individual to make, psychologically empowered decisions. Moreover, observations from this study clearly indicate that, the more an informant was aligned with her self-concept, and optimal fulfillment of her potential in day to day life, the more she was content with her life. Such informants, during the process of the study were seen to apply more action-oriented strategies to solve their daily problems. Informants from *okhla modh* have reported to be going to schools and figure out a way wherein, their children could get better education. Other set of results from *kusum pur pahadi* highlighted the significance of going out with their friends for self time and good interpersonal relationships.

Finally one can establish that, the informants in the course of this study occupy higher needs, than simply physiological needs. Therefore, the path of self growth, development, and the free will to make choices, considering their long term impacts will facilitate their ability to make psychologically empowered decision sand responses in the future.

2. Psychological empowerment , and its relationship with humanistic approach, behaviorism , and analytical psychology

2.1 Psychological empowerment in the vision of this study

"Psychological empowerment can be defined as any phenomenon over a lifespan which enables an individual to adapt to any existing environmental stressor, and respond to it, considering the overall long term reimbursement of his/her current decision making. Psychological empowerment in its vast context can be understood under the following nine parameters. i)a process of psychological advancement-, ii) a transformation within an individual for betterment, iii)a psychological state enabling change and encouraging mental adaptation, iii)a psychological enlargement of the possible opportunities in order to excel , in context to one's own interest, iv)an evolution of an individual's personality to withstand life's situations independently, positively , and firmly , v) expansion of own potentialities, extension and development of own psychological resources, vi) psychological furtherance to have a positive vision irrespective of the situations and life circumstances, gain of commitment confidence, and discipline towards one's goals ,vii) the ongoing growth towards self development, improvement, progress in context with psychological maturity, viii) promotion of and assistance to the needy , ix) and finally the

display of regeneration of all these factors and constant reinforcement of the interplay of all these factors in the members of the society."

2.2 *Psychological empowerment and its relationship with behaviorism, analytical psychology and humanistic psychology*

According to the data analysis 6 out of 10 elements are congruent to perspectives in psychology which affirm an individual's position on the path of self growth, effective coping in everyday life and adaptability to everyday life stressors. Hence the manifestation of these elements and their consistent interaction with each other will facilitate the process of psychological empowerment in everyday life.

The table below indicates the elements of psychological development and the psychological perspective it is based upon-

	Elements of psychological empowerment	Psychological perspective basis
1.	Psychological furtherance	Humanistic
2.	Self growth and development	Humanistic
3.	Awareness of opportunities for psychological	Humanistic
4.	enlargement	-
5.	Mental adaptation	behaviorism
6.	Transformation, modification, and learning of responses for effective coping.	-
7.	Positive self monitoring and regulation	Humanistic
8.	Compassion towards other community members	Analytical psychology
9.	Behavioral responses demonstrating Pro-social behavior, promotion and assistance of fellow	-
10.	community members regardless of gender roles	-
	Regeneration of all elements of psychological development.	
	Contextual and appropriate application of cognitive resources for efficient coping in everyday lives.	

Figure 2- Relationship of psychological empowerment and psychological perspectives

2.3The manifestation of psychological empowerment of slum women at a Psycho-social level

Menon and Sanjay T. (1999) defined psychological empowerment from the perspective of the individual employee. The psychologically empowered state was considered to be a cognitive state characterized by a sense of perceived control, perceptions of competence, and the

internalization of goals and objectives of the organization. i) At a psycho-social level this can be understood as a cognitive state characterized by a perceived control with slum women in the context of her social, ideal and relational self, which is reflected at a cognitive and behavioral context, when she takes on her roles of differentiated selves at a domestic and occupational level. ii) Perceptions of competence which is reflected in initiative taking in the context of full optimization of her skills and potentials, and even in terms of marketing her skills to earn a livelihood. iii) Finally, internalization of goals and objectives of the organization, which at a psycho-social level manifest in the form of internalization of goals and objectives which are crucial for day-day adaptive functioning and fulfillment of needs that are both individual communities, and culture specific.

The question which arises now is that, to what extent it is appropriate to claim that slum women are in the requirement for psychological empowerment, or is still in a process where they have to be equipped with skills which enable psychological empowerment, especially in the presence of evidence, that slum women are already psychologically empowered, which is apparent when manifestations of psychological empowerment can be observed, both, at a cognitive as well as behavioral level?

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

Endler, N. S., & Parker, J. D. A. (1990). "Multidimensional Assessment of Coping: A Critical Evaluation." *Journal of Personality and Social Psychology*, 58(5), 844-854.

Sharma, S.W and Gupta, A. N. *Faculty of management studies.* Manav Rachna International University. Faridabad. (2016). *Reading between the lives of slum women in Delhi*. Unpublished manuscript.

Sharma,S.W and Gupta , A.N . *Faculty of Management studies*. Manav Rachna International University. Faridabad. (2016). The fundamentals of psychological empowerment and its elements; a perspective from everyday lives of slum women. Unpublished manuscript.

Sanjay, M.T. (1999) Psychological Empowerment: Definition, Measurement, and Validation. *Canadian Journal of Behavioural Science*

Menon, Sanjay T (1999). Psychological Empowerment: definition, measurement, and validation**.** *Canadian Journal of Behavioural Science.*

Oladipo, SE. Psychological empowerment and development. *Edo journal of counseling*. Vol(2). 2009

Patel V, et al. Women, poverty and common mental disorders in four restructuring societies. *Soc Sci Med* 1999;49:1461-71.

Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for Community Psychology. *American Journal of Community Psychology*. 15(2):121–148.

Sanjay, M.T. (1999) Psychological Empowerment: Definition, Measurement, and Validation *Canadian Journal of Behavioural Science*

Sharma S. Myths and realizations .Journal of Rural and community psychiatry. (7-10).1 (2)2014.

Zimmerman, M. A (1995) Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology*. 25(5):581–599.

How to cite this article: Sharma S, Gupta A (2017), The Everyday lives and coping Strategies of women in Delhi; Discerning roots of Psychological Empowerment- An Ethnographic Study, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.198/20170402, ISBN:978-1-365-84232-0

The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 4, Issue 2, No. 96, DIP: 18.01.199/20170402
ISBN: 978-1-365-84232-0
http://www.ijip.in | January-March, 2017

Relationship between Caretakers Variable on Occupation and Coping Strategies of Caretakers Attending to Patients with Cancer Problems

M. Sandhya Rani[1]*, Dr. P. Sree Devi[2]

ABSTRACT

The present study makes an attempt to understand the Relationship between Caretaker Variable on Occupation and Coping Strategies of Caretakers Attending to Patients with Cancer Problems. Caretakers who were ready and willing to extend their cooperation for in-depth interview were selected as population for the study. Thus a total number of 80 caretakers were selected purposively for conducting the present study. The results revealed that caretakers used both approach and avoidance coping styles. Higher the occupational status of the care taker, better were the coping strategies i.e. they were using more approach coping strategies.

Keywords: *Occupation, Caretakers, Coping Strategies, Cancer Problems*

Becoming a parent, is one of the most powerful of the human experiences, is often accompanied with feelings of celebration and relief, but it can also be a time of anxiety, and stress.

The health status of a child, including the onset of a chronic illness, is one of many factors that can contribute to the quality of child rearing (Kazak, 1989). When considering that up to 30% of children have a chronic health condition (Newacheck and Halfon, 1998), 11% of whom are living with conditions considered moderate to severe (Newacheck, Stoddard and McManus, 1993), a significant number of families are faced with an even more challenging future than they had anticipated. How parents respond to this situation can affect both the short- and long-term developmental outcomes for their children.

[1]Department Of Human Development And Family Studies, College Of Home science, Professor Jayashankar Telangana State Agricultural University, Hyderabad India
[2] Assistant Professor-Department Of Human Development And Family Studies, College Of Home science, Professor Jayashankar Telangana State Agricultural University, Hyderabad India
*Responding Author

Received: March 15, 2017; Revision Received: March 29, 2017; Accepted: March 30, 2017

© 2017 Rani S, Devi P; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

Jemal *et al.* (2011) reported that in 2008, there were approximately 12.7 million cancer cases reported worldwide. Cancer is among the most common of all critical illnesses leading to death. It has the most devastating economic impact of any cause of death in the world and represents the single largest drain on the global economy (John and Ross, 2010).

Cancer and cancer treatment affect not only the patients, but also their family members and caregivers. Providing care to cancer patients is demanding. Caring roles and responsibilities start when cancer is diagnosed. Physical pain is common and is often most feared by cancer patients, and it is a multidimensional experience that affects the quality of life of patients and their family and caregivers. Patients and their family and caregivers. Additionally, the burden of care during the treatment phase can result in detrimental effects on employment and financial difficulties (Miedema, Easley, Fortin, Hamilton, and Mathews, 2008).

Othman *et al.* (2011) who found a positive significant correlation between knowledge about cancer e and participants' income (r = 0.28) suggesting that higher the income, higher scores they obtained in knowledge about Cancer.

RESEARCH METHOD

A total number of 80 caretakers who were ready and willing to extend their cooperation for in depth interview were selected as population for the present study. The sample was limited to caretakers for two reasons. First much of the research on family care giving which has been done in aboard only this area of study is almost non- existent in the state of Telangana. Secondly, reports have suggested that parents are particularly vulnerable to the strains of illness experienced due to multiple roles to be shouldered. The main focus of the study was to provide various alternative strategies for the caretakers.

RESEARCH FINDINGS AND DISCUSSION

Research Findings and Discussion

Caretakers who were ready and willing to extend their cooperation for in depth study were selected as population for the study that is "Relationship between Caretakers Variable on Occupation and Coping Strategies of Caretakers Attending to Patients with Cancer Problems". Thus a total 80 caretakers were selected purposively for conducting the present study.

Description of the Cancer Problems

- Cancer illness is the most acute pressure, which any family may experience and it also creates a potential threat equally to both the victim and the caretaker.
- For the patient, the threat involves painful medical procedures, surgeries, and its side effects, and frequent hospitalization.

Relationship between Caretakers Variable on Education and Coping Strategies

Approach coping		**Avoidance coping**	
Caretaker Variable: Education			
Logical Analysis	0.41**	Cognitive Avoidance	0.35**
Positive Appraisal	0.34**	Acceptance	0.54**
Guidance and Support	0.35**	Alternative Rewards	0.42**
Problem Solving	0.33**	Emotional Discharge	-0.43**

P*0.05; level of significance; P**0.01, level of significance, r tab value at 5% level of significance = 0.2500; r tab value at 1% level of significance is 0.3248.

The above table presents the relationship between caretaker variable on occupation and coping strategies of caretakers attending to patients with cancer problems. Out of the eight coping responses, the first four represents Approach coping and the remaining four comes under Avoidance coping.

Under Approach coping, the first area is logical analysis, which deals with handling the situation objectively, finding some personal meaning to the situation and anticipating the new demands. In this area, the level of significance is 0.41**logical analysis in coping with the situation.

The second area under Approach coping is Positive appraisal, which includes caretaker's ability to see the good side of the situation and how the event could change one's life in a positive way. In this area, the level of significance is 0.34**positive appraisals in coping with the situation.

The third area under Approach coping is guidance and support, which involves seeking support from relations, talking to a closed person about the problem and praying for guidance and strength. In this area, the level of significance is 0.35**caretakers sought guidance and support.

The fourth area under Approach coping is problem solving, which involves a plan of action, using alternate ways of solving problem and trying out new ways of confronting the problem. In this area, the level of significance is 0.33**used to problem solving strategies.

Under Avoidance coping, the first area is cognitive avoidance i.e. avoiding the situation, denial, day dreaming, and imagining that problems would go away on their own. In this area, level of significance is 0.35**used cognitive avoidance.

The second area under avoidance coping is acceptance i.e., accepting the situation with all its intensity, realizing that one has no control over the problem and believing that outcome would be decided by fate. In this area, the level of significance is 0.54**.

The third area under avoidance coping is seeking alternate rewards i.e., getting involved in new activities, making new friends and indulging in more recreational activities. In this area, the level of significance is 0.42**.

The fourth area under avoidance coping is emotional discharge, which involves yelling or shouting to let off steam, showing the frustration of role capacity on others and keeping away from people in general. In this area, the level of significance is -0.43** used avoidance coping emotional discharge technique.

CONCLUSION

The data collected with respect to relationship between caretaker variable on occupation and coping strategies of caretakers attending to patients with cancer problems revealed that caretakers used both approach and avoidance coping styles. It indicated that Occupation of the care taker has significant positive relationship with logical analysis, guidance seeking, positive appraisal and problem solving of approach coping strategies. Occupation was found to have significant positive relationship with alternative rewards, acceptance and alternative rewards and significant negative relationship with emotional discharge of avoidance coping strategy.

Income of the care takers was found to have significant positive relationship with all dimensions of coping strategy but in significant negative relationship with emotional discharge. From this it could be concluded that as income increases the coping strategies also increases but emotional discharge decreases.

Similar observations were noted by Othman *et al.* (2011) who found a positive significant correlation between knowledge about cancer e and participants' income (r = 0.28) suggesting that higher the income, higher scores they obtained in knowledge about Cancer.

Occupational status was found to have significant positive relationship with coping strategies. Higher the occupational status of the care taker, better were the coping strategies i.e. they were using more approach coping strategies.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

REFERENCES

Jemal, A., Bray, F., Center, M. M., Ferlay, J., Ward, E and Forman, D. 2011. Global Cancer Statistics. *A Cancer Journal for Clinicians* 61(2): 69-90.

Hagedoorn, M., Sanderman, R., Bolks, H. N., Tuinstra, J and Coyne, J. C. 2008. Distress in couples coping with cancer: A meta-analysis and critical review of role and gender effects. *Psychological Bulletin.* 133(1): 1-30.

Kazak, A.E. 1989. Families of Chronically Ill Children: A Systems and Social- Ecological Model of Adaptation and Challenge. *Journal of Consulting and Clinical Psychology*. 57: 25-30.

Miedema, B., Easley, J., Fortin, P., Hamilton, R., and Mathews, M. (2008). The Economic Impact on Families When a Child is Diagnosed with Cancer. *Current Oncology*.15 (4):8-13.

Newacheck, P.W and Halfon, N.1998. Prevalence and Impact of Disabling Chronic Conditions in Childhood. *American Journal of Public Health.* 88: 610-617.

Newacheck, P.W., Stoddard, J.J and McManus, M.1993. Ethnocultural Variations in the Prevalence and Impact of Childhood Chronic Conditions. *Pediatrics.* 91: 1031-1039.

Othman, A., Mohamad, N and Zabidi A.H.2011. Factors related to Parental Well Beingin Children with Cancer. *International Conference on Social Science and Humanity*. 5: 255-260.

John, R. & Ross, H. (2010). *The Global Economic Cost of Cancer.* American Cancer Society and Livestrong. Retrieved from http://www.cancer.org/acs/groups/content/@internationalaffairs/documents/document/acspc-026203.pdf

How to cite this article: Rani S, Devi P (2017), Relationship between Caretakers Variable on Occupation and Coping Strategies of Caretakers Attending to Patients with Cancer Problems, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 96, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.199/20170402, ISBN:978-1-365-84232-0

The International Journal of
INDIAN PSYCHOLOGY

Submission open for Volume 4, 2017

The International Journal of Indian Psychology is proud to accept proposals for our 2013 to 2015 Issues. We hope you will be able to join us. For more information, visit our official site: www.ijip.in

Submit your Paper to,
At via site: http://ijip.in/index.php/submit-paper.html OR Email: info.ijip@gmail.com

Topics:
All areas related to Psychological research fields are covered under IJIP.

Benefits to Authors:
- Easy & Rapid Paper publication Process
- IJIP provides "Hard copy of full Paper" to Author, in case author's requirement.
- IJIP provides individual Soft Copy of "Certificate of Publication" to each Author of paper.
- Full Color soft Copy of paper with Journal Cover Pages for Printing
- Paper will publish online as well as in Hard copy of journal.
- Open Access Journal Database for High visibility and promotion of your research work.
- Inclusions in all Major Bibliographic open Journal Databases like Google Scholar.
- A global list of prestigious academic journal reviewers including from WHO, University of Leipzing, University Berlin, University Hamburg, Sardar Patel University & other leading colleges & universities, networked through RED'SHINE Publication. Inc.
- Access to Featured rich IJIP Author Account (Lifetime)

Formal Conditions of Acceptance:
- Papers will only be published in English.
- All papers are refereed, and the Editor reserves the right to refuse any manuscript, whether on invitation or otherwise, and to make suggestions and/or modifications before publication.

Publication Fees:
Rs 600/- OR $ 18 USD for Online and Print Publication (All authors' certificates are involved)
Rs 300/- per Hardcopy (Size A4 with standard Biding)

Use Our New Helpline Number: 0 76988 26988

Edited, Printed and Published by RED'SHINE Publication. (India) Inc.
on behalf of the RED'MAGIC Networks. Inc. (www.redmac.in)
86: Shradhdha, 88 Navamuvada, Lunawada, Gujarat-389230
www.redshinepub.eu.pn | info.redshine@asia.com | Co.no: +91 76988 26988
www.ijip.in | info.ijip@gmail.com | journal@ijip.in

Indexed at
Google Scholar | Internet Archive | Google Books | Available on iTunes | GET IT ON Google Play

Published by | Cover page designed by | Website designed by
red'shine Publication | RED'SHINE Studios | red IT SOLUTION